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ABSTRACT

A descriptive-comparative study was designed to document the service delivery functions and impacts of three different parent-aide programs ongoing in Michigan. The study took place over the period of summer 1978 to summer 1979. The programs involved in the study were the Genesee County Department of Social Services' Volunteer Services Parent-Aide Program; the Grand Rapids Child Guidance Clinic Parent-Aide Program; and the Oakland County Cooperative Extension Service Parent-Aide Program. Nine families from each site who were referred by Department of Social Services' case workers as having parents who were neglectful of their children during the summer of 1978, and the parent-aides to whom the families were assigned were the subjects of the study. Measures of family and parental functioning, self-concept, social isolation, and interactions with others were taken for each family between the fourth and sixth months of the year and then between the eighth and eleventh months of the year. Descriptive information about parent-aides and the organizations sponsoring the programs was also secured. Results suggest that families do change during the period of their involvement with parent-aides. Families spent more time with their children; became less dependent on social service agencies; developed new relationships which reduced their isolation; showed positive change on measures of family functioning, especially parenting skills, family bonding, and self-image; and exhibited improved parental functioning, especially in the areas of nutrition and health, discipline, and family interaction. Slight differences in outcomes were observed across programs suggesting that characteristics of programs are associated with specific results. (Author/MP)

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AN EVALUATION

OF

PARENT AIDE PROGRAMS

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Final Report of Project Funded by Michigan Department of Social Services, Protective Services Division

ABSTRACT

A descriptive-comparative study was designed to provide in-depth descriptive information about three parent aide programs ongoing in Michigan. The primary need was to document, if possible, any differences in the philosophy and administration of the programs reflected in different delivery approaches, to provide evidence of change in Protective Service families as a result of involvement with parent aides, and to check on the pattern of change to determine if any time-specific changes were observable. These results were to be used by prospective organizations seeking funding for parent aide programs and by the Department of Social Services in making administrative decisions. The results were also anticipated to help provide feedback and reinforcement for those participating parent aides and families who become discouraged and frustrated and yet realize that change is possible.

The study took place over a twelve month period from summer, 1978, to summer, 1979. Three parent aide programs were involved: the Genesee County Department of Social Services, Volunteer Services Parent Aide Program; the Grand Rapids Child Guidance Clinic Parent Aide Program and the Oakland County Cooperative Extension Service Parent Aide Program. Nine families from each site who were referred from Department of Social Services, Protective Services case workers as being "neglectful" during the summer of 1978, and the parent aides to whom they were assigned were the subjects of the

study. Measures of family and parental functioning, self concept, social isolation and interactions with others were taken initially at four to six months and eight to eleven months for the families. Descriptive information about parent aides and the organizations sponsoring the programs was also secured.

The results suggest that families do change during the period of their involvement with parent aides. Specifically:

1. Families began spending more time with their children and in activities outside the home.
2. Families shifted from requesting help from formal systems such as agencies to requesting help from informal systems such as friends and neighbors.
3. Families developed new, or strengthened existing, relationships to reduce isolation.
4. Families showed positive change on measures of family functioning, especially parenting skills, family bonding and self image.
5. Quality of parental functioning improved, especially in the areas of nutrition and health; supervision, control and discipline; and family interaction.

Slight differences in outcomes were observed across programs suggesting that characteristics of programs are associated with specific results. All programs were effective in producing positive change. Differences in approaches were observed based on philosophy and administrative style. Yet each program seemed to be designed

in a sound ecological relationship to the service population and given organizational resources. Constraints hampered some programs more than others. Some time-specific patterns of change were discernable in this study but should be viewed as very tentative given implementation problems surrounding the time frame. Further study is needed to investigate the timing issues.

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Chapter I: INTRODUCTION

The problem of child abuse and neglect has recently received a great deal of national attention. Statistics of the incidence of this problem are alarming, causing many to declare it a national epidemic. The actual recognition of this as a social problem is only, however, a recent occurrence. The mid-60's were the first time in which the actual "battered child syndrome" was coined. Research in the area as to the etiology, extent, and intervention is in the embryonic stages. We do, however, know some things about child abuse and neglect. Drs. Helfer and Kempe have done much recent work in the area, finding that child abuse and neglect is extensively tied to early childhood experience. The lack of parent modeling becomes cyclical in nature. Dr. Norman Polansky has researched the phenomenon of child neglect, finding a significant relationship with the phenomenon of social isolation as well.

A recent intervention technique being utilized in numerous sites, both within the state of Michigan and nationally, is that of providing volunteers to work with parents of neglecting and abusive families. Although cost savings are significant in the utilization of volunteers in a program of this type compared to other more formalized support systems, very little is known due to lack of research of what actually occurs within the family-parent aide process. It is the intent of this study to discover more information about the viability of the utilization of parent aides with neglecting families.

The objectives of this exploratory study are as follows:

1. The project will describe the characteristics of Protective Services families when first assigned to a parent aide and periodically thereafter on dimensions of family functioning, reactions to the services provided and expectations for change.
2. The study shall describe the characteristics of service providers; their basic demographic backgrounds, training, support and supervision; and their contact with target families.
3. The study shall describe the philosophical and administrative similarities and differences among the three organizations reflected in the type of training and supportive services perceived necessary and offered to aides.
4. The study shall describe comparative similarities and differences in service function and target developmental outcome among volunteer parent aide programs.

It was hoped that the study would uncover new information about programs, as well as additional dimensions and directions for future research.

Chapter II: EVALUATION DESIGN

A descriptive-comparative study was designed to document the service delivery functions and impacts of three different parent aide programs. Both a formative (description of internal operations and processes) and summative (estimation of results or outcomes) evaluation is included.

As illustrated in Figure 1, a variety of key systems interact relative to the parent aide program. The primary systems of interest to this study were:

1. The clients as target families. Reflecting an ecological and philosophical position, the family is viewed as the focus for intervention and evaluation. This position is based on a recognition that the family is the primary consumption and socialization unit in our society. Although individual family members may be the target of specific inputs, the family itself mediates those inputs and creates an environment for the support or hinderance of human development and interaction. In terms of the evaluation model, the family is the unit of analysis. The family's interaction with other formal and informal support systems was identified and described in this study.
2. Sponsoring agencies under contract with the Department of Social Services to provide parent aide services. A variety of individuals and organizations contract with the local

PARENT AIDE EVALUATION STUDY

FOCI OF STUDY

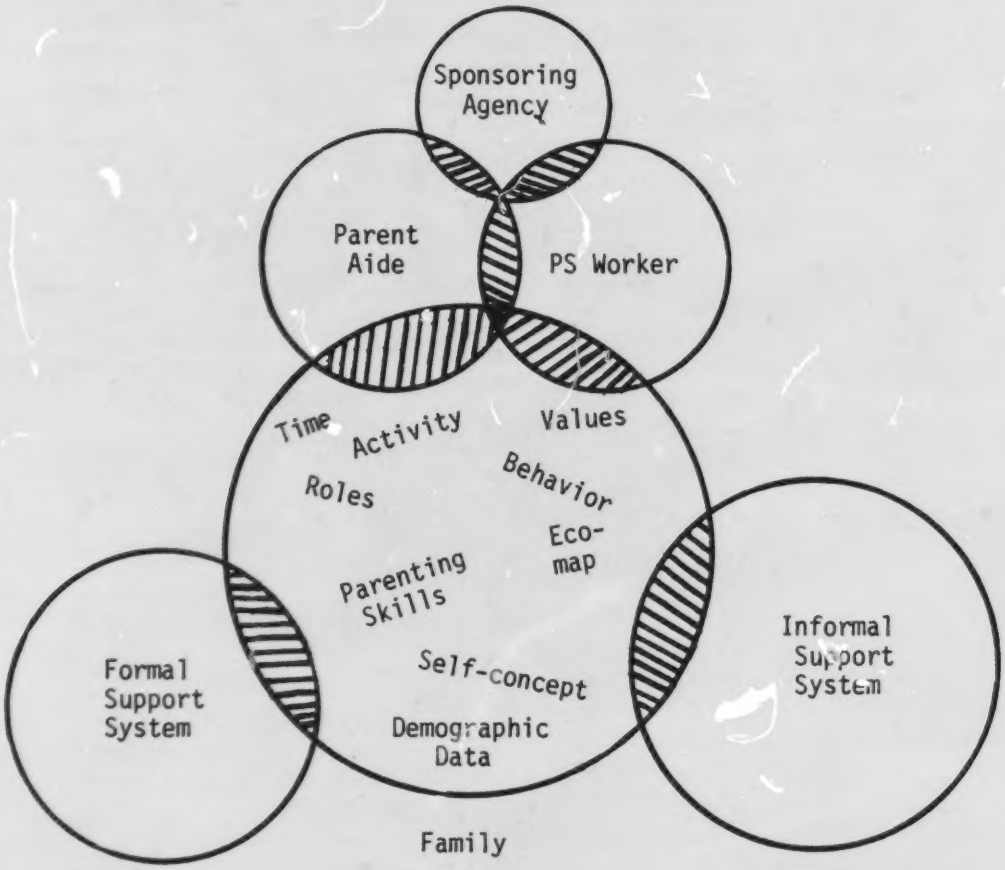

FIGURE 1

community to provide services to individual families. A formal contract is established between the Department of Social Services and the service provider to deliver a set amount of defined service units per period of time. These units are then requested by individual case managers to be delivered to specific families. A more individualized service contract is written at that time establishing an understanding of what the service consists of, how it is to be delivered and what the specific goals are for the intervention effort. In this specific study, three organizations were studied to document how they recruit, train, and support parent aides. Differences in service function and philosophy among organizations were analyzed.

a. Parent aides. Local community residents who volunteer to participate in the training and service delivery components of the program.

3. Department of Social Services Protective Services workers. The pivotal person in the management of an intervention thrust is the department (Michigan Department of Social Services) Protective Services case manager. This person makes the initial determination of service needs, creates linkages to service providers and evaluates the progress or status of the cases periodically. All decisions involving the initiation or termination of services rest with this person. These individuals were not viewed as subjects of the study, but facilitators in securing data and supporting

the evaluation. Their roles in referring target families and interacting with the parent aide programs were identified and described in the study.

Although both volunteer parent aides and paid paraprofessional parent aides are common delivery modes in Michigan parent aide programs, only the volunteer aide is studied in this project. Nine sets of family parent aide pairs from three different parent aide programs were the primary subjects for this study. Characteristics of other parent aides and families at these sites were compared to this sample to note representativeness. The design for this study follows.

Design

	Time Frame		
Organizations	Phase I Enrollment	Phase II 4-6 mos.	Phase III 8-11 mos.
O_1 Genesee County Department of Social Services: Volunteer Services	9	9	9
O_2 Grand Rapids Child Guidance Clin.	9	9	9
O_3 Oakland County Cooperative Extension Service	9	9	9

(N = 27 Family/Parent Aide Pairs)

Independent Factors

Organizations

Contractors with the Department of Social Services for the Delivery of Parent Aide Services.

O_1 = Genesee County Department of Social Services - Volunteer Services. This organization ordinarily provides a therapeutic support role. The psychological awareness of how conditions and behavior impact on the family is a focus of intervention.

O_2 = Grand Rapids Child Guidance Clinic. This organization also primarily provides a therapeutic support role. This organization, however, has been in operation for a considerably longer period of time and has a much broader base consisting of families from a variety of referral sources in addition to that of Protective Services. Psychological and behavioral support services are available within the agency as compared to the Genesee County Department of Social Services, which contracts outside of the agency for this service.

O_3 = Oakland County Cooperative Extension Service. This organization primarily provides an educative support role in working with Protective Services families. The enhancement of family member skills and practices are the focus of intervention activities.

Time

Phase I - When the parent aide was first assigned to the Protective Services family an initial interview and series of measures was gathered to document baseline or entry level behavior of families and initial characteristics of parent aides.

Phase II - After four to six months of program contact some of the measures were again gathered.

Phase III - After eight to eleven months of program contact the final set of measures were gathered. Similar or identical instruments were used at each time period.

Sampling Procedure

Once sponsoring agencies agreed to participate in the study, every referral to the parent aide program was considered a possible study participant. Although criteria for inclusion of a family to the study were stated, in reality all families during the two to three month start-up period that were chosen by the agency for parent aide involvement were approached to participate in the study, thus the sampling process consisted of the following:

1. The family was identified by the Department of Social Services case managers as being classified as a "neglectful" family.
2. The family was a new referral to the parent aide program.
3. Following the initial match of the first family/parent aide combination, every subsequent match was included in the study until the sample size at each site was achieved. (In reality a few extra pairs were included if possible.)

The sample thus consisted of a cross section of families and parent aides at each site. Wide variation in the types of families and conditions exhibited were included. In order to judge how typical or atypical these families and aides were, a random sample of other families and aides at each site was identified and basic demographic characteristics compared.

Methods

Inasmuch as this was an exploratory study, a wide variety of instruments and methods were utilized. Data were collected by a variety of means, including interviews, questionnaires which were self administered, and analyses of records. The family and parent aide assessments were conducted within individual homes in order to facilitate observation. The project coordinator conducted several on-site visits throughout the study period in order to collect data regarding agency support functions and training. A variety of intruments, which will be discussed in a later section, were utilized involving open-ended interviews, self administered questionnaires, and, in the case of parent aides, records of group activities. Case files were also read in order to collect demographic data. A random sample of Protective Services cases were selected from each site in order to make comparisons as to the project sample's generalizability to the county being studied.

Interviewers

Interviewers were hired in each of the three sites to conduct in-home, family, and parent aide interviews. Adjacent universities at each site were contacted in order to receive referrals of individuals who had sufficient education and training as well as experience in conducting family interviews. All of the interviewers employed had a minimum of a bachelor's degree in a human services related field and two of the interviewers had master's degrees.

An all day training session was held in Lansing prior to the testing to train the interviewers specifically in eco-mapping techniques as well as to discuss individual questionnaires. Two of the sites, Genesee County Department of Social Services and Oakland County Cooperative Extension, necessitated a change of interviewers during the study period. The project coordinator conducted individual training sessions for interviewers who became involved at a later time.

The interviewers were instructed to make every effort to make the interview situation comfortable for the participants and that in no case should they pressure either the families or parent aides to respond to particular question items. They were informed that the families and parent aides were to be considered consultants in the study phase or team members.

Of the interviewers employed, all but one was female; one male participated as interviewer for one phase of the Genesee County Department of Social Services study. The interviewers ranged in age from 22 to 50 and were white except for the one male interviewer who was black. Interviews were conducted at the convenience of the respondent, and a majority of the interviews were held in the afternoon or evening.

Project Coordinator's Role

The coordinator visited each corresponding department of the social services agency where she conducted case readings of all families involved in the project. She also utilized a random

sample table to select nine cases from each site in order to make comparisons. The coordinator attended a variety of agency functions throughout the year and interviewed the parent aide coordinator as well as other administrative personnel. Interviews were also held with Protective Services workers responsible for the case.

Task Force Involvement

A task force was developed at the beginning of the project to assist the staff in determining the best procedure to follow in conducting the study as well as to make suggestions in terms of project design and implementation. A subcommittee was also established to assist in the modification of one of the instruments to be utilized. The task force was also utilized to assess the final report and to make overall recommendations regarding the parent aide program.

Timeline

The timeline for the project was 18 months from April, 1978, to September, 1979. Major tasks and their completion schedule were:

Task	Length	Dates
Planning and Negotiation Period	5 mos.	4/78-9/78
Implementation Period	11 mos.	9/78-8/79
Identification of Participants and Phase I Data Gathering	3 mos.	9/78-11/78
Phase II Data Gathering (4-6 mos.)	4 mos.	1/79-4/79
Phase III Data Gathering (8-11 mos.)	2 mos.	7/79-8/79
Analyses and Reporting	2 mos.	8/79-9/79

Analyses

Descriptive statistics were used to present the information derived from the various instruments and procedures. Frequences, percentages, means and standard deviations were presented in table or graphic format to quantify the dimensions being measured and described in this study. Interpretations of results were made through comparison of these figures. No statistical procedures were used although further work is being done to explore relationships among variables. The small sample size and wide variation in measures would cause statistical interpretations to be oversimplified or misleading. Thus the reader is encouraged to provide his or her own interpretation of what is "significant" recognizing that error of measurement is present.

Two sets of data were sent to their original source for scoring and analysis. These were the "Michigan Screening Profile of Parenting" analyzed in Denver, Colorado, and "The Affective Simulated Sensitivity Scale" analyzed by Dr. Schneider at Michigan State University.

Instrumentation

The instruments, the variables derived from the instruments and the time frame in which the data were collected are presented in Tables 1, 2 and 3.

TABLE 1
FAMILY ASSESSMENT MEASURES

DEPENDENT VARIABLES	INSTRUMENT	PHASE COMPLETED I	II	III
Demographic Characteristics Age Race Educational attainment Number of children Marital status	Case Records	X	X	
Number of identified problems Parental capacity	National Study on Child Neglect and Abuse Reporting Form	X		
Developmental Risk Emotional needs met Relationship with parents Expectations of children Coping	Michigan Screening Profile of Parenting		X	
Quality of Family Functioning Parenting skills Social integration Impulse control Family bonding Self-image Maternal characteristics P.S. worker rating of likelihood for improvement	Client Movement Measurement Manual (CMMM)	X	X	X
Quality of Parental Functioning (total) Family interaction Supervision, control & discipline Child development activity Nutrition-health Physical environment-household maintenance	Childhood Level of Living (CLL)	X	X	X

FAMILY ASSESSMENT MEASURES (cont'd)

DEPENDENT VARIABLES	INSTRUMENT	PHASE COMPLETED I	II	III
Self-concept (total) physical emotional social cognitive work	Adaption of Sears Self-concept Inventory	X		X
Perceived Quality of Life Past, present, future Best, worse	Cantril's Self-Anchoring Scale	X		X
Family Activity Patterns Activities outside home Activities with own children Activities with other children Household maintenance T.V. viewing Other (sleep)	Project Questionnaire	X	X	X
Interactions with Others Strength of relationships with others Reciprocity of energy flows with others Reciprocity of energy flows with parent aide	Family Eco-Map	X	X	X
Interactions with informal systems	Social Isolation Scale			
Interactions with formal systems		X		X
Perceptions of Parent-Aide Role Perceptions of parent-aide role Frequency of meeting parent-aide	Project Questionnaire	X	X	X
Reactions to the Program	Project Questionnaire			X

TABLE 2
PARENT AIDE MEASURES

DEPENDENT VARIABLES	INSTRUMENT	PHASE COMPLETED I	PHASE COMPLETED II	PHASE COMPLETED III	IND.	GROUP
Demographic Characteristics Age Race Marital status Number of children Educational attainment Prior volunteer experience Length of time as parent-aide	Agency Records		X		X	X
Empathy	Assimilated Sensitivity Scale	X				X
Values Toward Child Rearing Environment	Children's Lifestyle Questionnaire	X	X		X	X
Interactions with Others Strength of relationship with others Reciprocity of energy flow with others Reciprocity of energy flow with family	Family Eco-Map	X	X	X	X	
Perceived Quality of Life Past, present, future Best, worse	Cantril's Self-Anchoring Scale	X		X	X	
Self-concept (total) Social Emotional Physical Cognitive Work	Adaption of Sears Self-Concept Inventory	X		X	X	

PARENT AIDE MEASURES (cont'd)

DEPENDENT VARIABLES	INSTRUMENT	PHASE COMPLETED I	II	III	IND.	GROUP
Perception of Parent-Aide Role Self-perception Perception of family Perception of agency	Project Questionnaire	X	X	X	X	
Parent-Aide Activity Profile Type of activities per visit Amount of time spent Ratings of activities	Project Questionnaire	X	X	X	X	
Impact of Parent-Aide Work on Personal Life Reasons for participation Support from family Impact on personal life	Project Questionnaire			X	X	
Reactions to Program Satisfaction with work Perception of ideal length of parent-aide involvement Attitude toward training Attitude toward agency and P.S. worker support Suggestions for improvement	Project Questionnaire			X	X	

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TABLE 3
AGENCY MEASURES

DEPENDENT VARIABLES	INSTRUMENT OR PROCESS	PHASE COMPLETED		
		I	II	III
Philosophy and Organization	Interview with agency personnel Analysis of written material	X		
Aide Recruitment & Selection	Interview & observation			
Training Provided type amount content	Interview & observation	X	X	X
Support Provided type timing	Interview	X	X	X
Budget	Interview	X		
Program Goals, Objectives Constraints	Interview	X		
P.S. worker perception of program	Interview with P.S. worker	X		

Demographic Data

Data regarding age, education, income level, and other relevant data were collected by the project coordinator from case records for families and agency records for parent aides. Similar data were also collected from random samples. Statewide figures were also obtained from the "National Study on Child Neglect and Abuse Reporting" and used for comparison. Within each sponsoring agency, the project coordinator collected data on those individuals participating in the study, and the entire parent aide population.

Michigan Screening Profile of Parenting

This instrument was developed by Dr. Raymond Helfer, Dr. Carol Schneider and Dr. James Hoffmeister to serve as a screening instrument to predict risk of child abuse. Four clusters of items have been theoretically and statistically created based on responses to a one page questionnaire. These include the category of emotional needs met (ENM), relationship with parents (RWP), expectations of children (EOC), and coping (COP). From each of these clusters, a scale has been developed along a continuum of "no apparent risk" to a "parenting problem likely." National and international norms have been established with this instrument in order to determine its validity and reliability. The scale of emotional needs met (ENM) has the most validity of any of the categories utilized. Families were given this instrument to complete during phase two of the study.

Client Movement Measurement Manual

The Client Movement Measurement Manual (CMMM) instrument was designed by David Josselyn for the Michigan Department of Social Services using the Goal Attainment Scaling technique. It is being tested for potential use by Protective Services workers to document case progress. The goal of the CMMM is to provide measurable specific behaviors around certain major functions of parenting to evaluate families over time. The primary variables included within the instrument are: parenting skills, social isolation, impulse control, family bonding and self image. The instrument was altered somewhat for the purpose of this study in order to include a few more variables such as maternal characteristics, Protective Services worker rating of likelihood for improvement, spouse or surrogate adjustment, and a certainty scale. The intent of the certainty scale was to allow for a degree of rating individual behaviors differently by the worker depending on his/her degree of comfort and knowledge about them. The CMMM was completed in all three phases for the project by the appropriate Protective Services worker responsible for the case. The subcategories under each classification were summarized into one individual score for each cluster which were totaled and compared across time to achieve a change score for the entire study period.

The Childhood Level of Living (CLL)

The Childhood Level of Living Scale was developed by Dr. Norman Polansky and his associates as an index of how well a child is being cared for. This instrument was modified considerably, being separated into interview items and observation items for the purposes of this research study. The interviewer was instructed to solicit information in an open-ended interview without asking specific questions in order to secure the information without leading the respondent. Observation items consisted primarily of things within the physical environment and in the interaction within the home. All items were answered with a "yes," "no," or "not observable" response. Variables which were studied and the number of items included per variable included: family interaction (20), supervision control and discipline (22), child development activity (22), nutrition/health (15), and physical environment/household maintenance (15). An index was developed consisting of the number of positive responses over the total number of responses in order to accomodate missing data items and still measure change from each phase to the next. The scores of the observation items and the interview items were combined in order to derive a total CLL score.

Self Concept Inventory

An adaptation of the Sears Self Concept Inventory was administered as a series of 40 items with a range of response format. The instrument consists of items that can be combined into five

subscales: social, physical, emotional, cognitive and work related self concepts. A total score was also computed. The instrument was administered during phases one and three.

Cantril's Self Anchoring Scale

This instrument was utilized in order to assess both the families' and parent aides' perception of the quality of their lives. A picture of a ladder with ten rungs was presented to each participant. The top of the ladder was labeled "Best Life Possible;" the bottom was labeled "Worst Life Possible." Each was asked to place on the ladder where they would consider their lives to be at the present time, one year ago, and one year in the future. This instrument was utilized both in phase one and phase three. The numerical value was attained from each of the rungs in order to compare differences over time. An additional question was asked of each participant which was to describe what they considered the best part of their life and the worst part of their life. These responses were listed and categories developed.

Time Activity

An open-ended question was included in the interview during each phase for both families and parent aides. The families were asked to describe their activities the previous day and to include such information as the type of activity, the amount of time spent involved with the activity, and the participants within the

activity. Parent aides were requested to describe an activity which they performed with their family during their last contact. They were also asked to describe the activity, the amount of time spent, and the participants.

Family Eco-Map

The Family Eco-Map is a tool developed by Dr. Ann Hartman of the University of Michigan School of Social Work for use as a diagnostic tool to understand families' life space. Its purpose is to involve the participant in the activity of drawing their environment and their relationships within it. For the purpose of the study, and to make the eco-mapping more appropriate for research purposes, some additional factors were introduced. The families were asked not only to describe their relationships in terms of type but also to rate them in terms of frequency and significance in their lives. This was designated on the eco-map itself in the form of distance from the main family as well as size of the circle. Both families and parent aides designed an eco-map during all three phases.

Social Isolation Scale

Norman Polansky used the Social Isolation Scale with neglecting families in his research. It consists of a series of questions including: Within the last year have you needed any help, and from whom? Within the last year has anyone asked you for help? Who? Responses to these questions were grouped according to formal

and informal support systems. Those groups which would be included in an informal category were: family, semi-family, neighbors, friends, and parent aides. The grouping of formal support systems included such organizations as Protective Services workers, case workers, court worker, mental health workers, and other similar types of personnel from organized agencies. These measures were taken during phase one and phase three to document level of support.

Perceptions of Parent Aide Role

During all three interviews both families and parent aides were asked a variety of questions regarding their assessment of the function of parent aides. Both families and parent aides were asked to describe activities which they liked the most, the least, the purpose of the parent aide, and changes that they feel would improve the program. All information given on these open-ended questions was listed and categorized into similar groupings.

The Affective Sensitivity Scale

This instrument, developed by Drs. Norman Kagan and John Schneider of Michigan State University, was chosen as a measure to determine empathy. The instrument consists of a film with several vignettes. Each vignette lasts from 15 seconds to over one minute. At the end of each vignette the respondent is asked, via a questionnaire, to determine the emotion and feelings of the people involved in the interaction. The data is reported back

in scales of scores dealing with the emotions of anger, guilt, sadness, as well as several others. The scores are also divided by the type of person involved in the interaction: adult, child, interviewer, etc. The instrument takes approximately one hour to administer and was given to parent aide groups at each site. This was administered at the beginning of the study along with and explanation of the goals and objectives of the study.

Life-Style Questionnaire

Norman Polansky developed this instrument. It primarily measures values by requesting that respondents rate each of a series of behaviors in terms of its degree of goodness or badness. Each parent aide participating in the study was asked to complete the form as well as other parent aides attending group functions within the individual agencies.

Agency Evaluation

Materials were solicited by the project coordinator from each research site. Specific materials and information included: amount and type of training provided, hand-out materials, public relations information, budget materials, goals and objectives statements, and general concerns of the respective coordinators. Additionally, administrators, both immediate and secondary, were interviewed as to their evaluation of the program, its potential, as well as any problems. Protective Services workers were also interviewed regarding their evaluation and perception of the individual programs.

For a summary of the type of instruments utilized, appropriate respondents, and timing phase, see Tables 1 to 3. Also, specific materials collected from each of the agencies is available in the supplemental manual.

Chapter III: RESULTS

Family

Sample Description

A sample of nine families was secured from each research site. Within the Genesee County Department of Social Services site, two of the original nine selected had to be replaced within the first month; one of the parents died of an overdose of drugs, and the other parent was jailed. The next two families that were matched within the site were substituted within the sample. The Grand Rapids Child Guidance Clinic sample took a rather lengthy time to secure inasmuch as Kent County Department of Social Services did not refer nine families within a short period of time. Consequently, one family-parent aide combination was selected which had been in existence prior to the research study. It was felt that by comparing the one ongoing relationship it would be useful to determine if differences occurred. No difficulties arose in securing the Oakland County Cooperative Extension sample.

Throughout the study there was some attrition of family-parent aide pairs. Within the Grand Rapids Child Guidance Clinic sample, one parent was not able to be interviewed in the final phase due to the fact that she had married and moved to the Upper Peninsula. The corresponding parent aide was reluctant to be interviewed as she was no longer working with the family. Within the Genesee County Department of Social Services, one family had

had its children placed in foster care, and at the time of the final assessment the foster care worker was uncertain as to the mother's whereabouts. However, our interviewer did locate the parent and was able to complete an interview for her. One parent aide declined the final interview within this site. The Oakland County Cooperative Extension Service also suffered an attrition rate. During the first phase of interviewing a family moved to Detroit and the parent aide did not continue the relationship after the move. Also, during the final phase, one of the families, whose child had been placed in foster care, was unavailable to be interviewed, as well as another family who was going through family disruption.

Demographic Characteristics

The data from both the research group and random sample group from each county was compared to a statewide Protective Services norm.

Age. It was learned that in the Oakland County Cooperative Extension and the Genesee County Department of Social Services, the research group was slightly younger than that of the statewide norms for the same population. Genesee County Department of Social Services research group norm was 27.5 years and Oakland County Cooperative Extension research group norm was 25.1 years. The Grand Rapids group of 30.6 years was quite close to the statewide norm of 31.58 years.

Number of children. The mean number of children for all groups was quite similar to the statewide norm of 2.5 with the Grand Rapids Child Guidance Clinic group having a higher mean of 3.3. This 3.3 for the research group was higher than either of the two other agencies, Genesee County Department of Social Services with 2.8 and Oakland County Cooperative Extension with 2.4 children.

Education. When determining the highest education achieved by the research group, again there were similarities to the statewide norm of 10.4 years. Oakland County Cooperative Extension, however, was significantly different, with the research population attaining an education level of 11.3 years.

Marital status. Marital status for all sites was fairly similar with a slightly higher single population encountered within the Genesee County Department of Social Services grouping.

Race. Racial composition was also fairly similar to the statewide norm of 71.4% white, 23.9% black and 4.7% other. Exceptions were Oakland County Cooperative Extension having 100 percent white population and the Genesee County Department of Social Services with a 33 percent black population which is higher than the 23.9% norm.

Number of factors present. A breakdown of the number of factors (problems) present within the target families is also assessed and differences compared. Genesee County Department of Social Services families had 6.4 factors present, Oakland County Cooperative Extension 4.3 and Grand Rapids Child Guidance

Clinic 2.5. This is consistent with the case readings done by the project coordinator which would indicate that the highest degree of difficulty in terms of the nature of the problems encountered with families would be in the Genesee County Department of Social Services followed by Oakland County Cooperative Extension and then Grand Rapids Child Guidance Clinic. A comparison of the research group with a random sample within each county revealed differences within the counties also. Within both Genesee County Department of Social Services and Oakland County Cooperative Extension, families referred to the parent aide program appeared to have more serious factors present within their population than in the general population of Protective Services families. The reverse was true with Grand Rapids Child Guidance Clinic where the less disturbed families appeared to be referred for parent aide service and the families with more factors present were referred to alternative resources. A more detailed description of the actual factors present within both the research population and the random sample as well as statewide norms can be seen in Table 4.

Developmental Risk

The Michigan Screening Profile instrument developed by Dr. Helfer gave ratings on each of four variables: emotional needs met, relationship with parents, expectations of children, and coping. Their utilization of the instrument has indicated that their most valid variable is that of emotional needs met.

TABLE 4
Family Demographic Information

	Genesee County Department of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		
	Research Group N=9	Random Group N=9	Research Group N=9	Random Group N=8	Research Group N=8	Random Group N=9	State Wide P.S. Population
Age - Mean	27.5	31.4	30.6	31.5	25.1	30	31.58
Number of Children - mean	2.8	2.7	3.3	3.3	2.4	3.8	2.51
Highest Education	10	10.4	9.5	10.1	11.3	9.7	10.38 yrs.
Marital Status							
Divorced	3 33	3 33	3 33	2 25	3 37.5	0 0	36.8
Single	4 44	4 44	2 22	1 12.5	2 25	3 33	20.5
Married	1 11	2 22	4 44	4 50	3 37.5	6 66	40.4
Other	1 11	0 0	0 0	1 12.5	3 37.5	0 0	2.3
Race							
White	6 66	6 66	7 77	7 87	8 100	6 66	71.4
Black	3 33	3 33	0 0	1 12.5	0 0	0 0	23.9
Other	0 0	0 0	2 23	0 0	0 0	0 0	4.7
Factors Present - mean	6.4	5.7	2.6	4.4	4.3	3.1	
Family							
A. Broken Family	2 22	3 33	2 22	3 38	4 44	1 13	45.1
B. Family Discord	5 56	5 56	2 22	5 63	5 56	5 63	38.4
C. Insufficient Income/Misuse of Adequate Income	3 33	4 44	2 22	1 13	2 22	1 13	31.0
D. New Baby in Home/Pregnancy	3 33	0 0	0 0	1 13	1 11	0 0	12.3
E. Heavy Continuous Child Care Responsibility	3 33	2 22	1 11	2 25	1 11	0 0	23.8
F. Physical Abuse of Spouse/ Fighting	4 44	1 11	0 0	4 50	2 22	0 0	12.3
G. Parental History of Abuse as a Child	5 56	2 22	2 22	2 25	0 0	2 25	13.5
Environmental/Social							
H. Recent Relocation	4 44	3 33	1 11	3 38	1 11	0 0	15.8
	frequency/%	freq./%	freq./%	freq./%	freq./%	freq./%	%

Family Demographic Information (cont.)

	Genesee County Department of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		
	Research Group N=9	Random Group N=9	Research Group N=9	Random Group N=8	Research Group N=8	Random Group N=9	State Wide P.S. Population
Environmental/Social (cont.)							
I. Inadequate Housing	2 22	1 11	2 22	1 13	2 22	3 38	21.0
J. Social Isolation	3 33	2 22	3 33	1 13	4 44	2 25	17.2
Parental Capacity							
K. Loss of Control During Discipline	1 11	3 33	1 11	3 38	1 11	2 25	17.8
L. Lack of Tolerance Due to Child's Disobedience and Provocation	3 33	6 66	1 11	2 25	2 22	1 13	24.2
M. Incapacity Due to Physical Handicap/Chronic Illness	1 11	0 0	0 0	0 0	0 0	0 0	4.9
N. Alcohol Dependence	1 11	0 0	1 11	1 13	1 22	1 13	13.4
O. Drug Dependence	1 11	1 11	0 0	0 0	0 0	0 0	4.9
P. Mental Retardation	0 0	1 11	0 0	1 13	0 0	1 13	3.6
Q. Mental Health Problem	2 22	3 33	0 0	2 25	3 33	0 0	19.3
R. Police/Court Record (excluding traffic)	0 0	1 11	0 0	0 0	0 0	0 0	8.3
S. Normal Authoritarian Method of Discipline	1 11	3 33	0 0	0 0	1 22	0 0	10.8
T. Lack of Parenting Skills	7 78	7 78	9 100	3 38	5 56	7 88	
	freq./%	freq./%	freq./%	freq./%	freq./%	freq./%	%

This was confirmed in this study. There was consistency between this variable and the demographic data indicating the probability of risk. A parenting problem likely was found in 77 percent of the cases within Genesee County Department of Social Services; 67 percent of the cases within the Grand Rapids Child Guidance Clinic; and 57 percent within the cases in Oakland County Cooperative Extension. Further analysis of the other variables consistently placed Genesee County families within the higher risk continuum. Fifty-six percent of the families within the Genesee County study group ranked parenting problems likely on the other three variables. Within the Grand Rapids Child Guidance Clinic, two of the variables, relationship with parents and expectations of children, indicated only 22 percent of the group in risk. However, coping was equally as high as the first variable of emotional needs met with 67 percent of the families showing a problem likely. The Oakland County Cooperative Extension profile of risk for the other three variables was rather low at 14 percent for expectations of children and coping. Of the individual scores, two of the study group rated no apparent risk on all four variables. Within the Grand Rapids study group this was true of one individual, and within Genesee County Department of Social Services, one individual also received a similar score. See Tables 5, 6 and 7 for further elaboration of individual results.

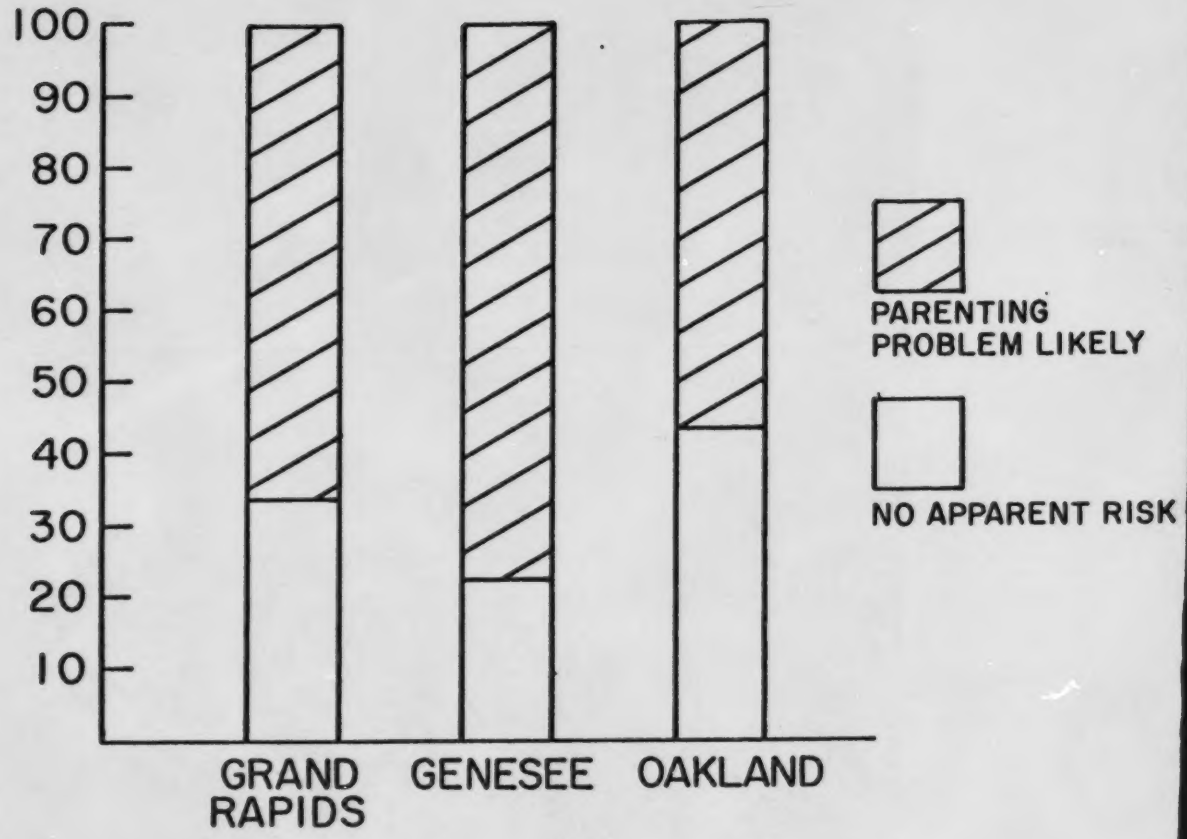


FIGURE 2

PERCENTAGE OF SAMPLE FAMILIES WITH DEVELOPMENTAL RISK OF CHILD ABUSE, AS MEASURED BY THE MICHIGAN SCREENING PROFILE, EMOTIONAL NEEDS MET SCALE

TABLE 5

Developmental Risk as Measured by the

Michigan Screening Profile

Genesee County Department of Social Services

4 = No Apparent Risk 3 = Probably No Risk
2 = Parenting Problem Likely 1 = Parenting Problem Likely

I.D.	Emotional Needs Met (ENM)	Relationship with Parents (RWP)	Expectations of Children (EOC)	Coping (COP)
1022	1	4	2	2
2069	4	4	4	4
2193	2	3	2	2
4810	1	2	4	4
4922	1	2	4	4
5076	1	2	2	2
7277	4	4	2	4
7365	2	2	2	2
8061	2	2	4	2
Mean	2	2.7	2.4	2.8
Std. Dev.				
Percent: No Apparent Risk	22	33	44	44
Percent: Probably No Risk	0	11	0	0
Percent: Parenting Problem Likely	77	56	56	56

TABLE 6

Developmental Risk as Measured by the
Michigan Screening Profile

Grand Rapids Child Guidance Clinic

4 = No Apparent Risk 3 = Probably No Risk
2 = Parenting Problem Likely 1 = Parenting Problem Likely

I.D.	Emotional Needs Met (ENM)	Relationship with Parents (RWP)	Expectations of Children (EOC)	Coping (COP)
2163	4	4	4	2
2890	1	4	2	2
3739	2	2	3	3
4069	2	4	3	2
6826	4	4	4	4
7393	4	4	2	2
7786	1	4	3	2
8884	1	4	4	4
9506	2	2	4	2
Mean	2.3	3.5	3.2	3.1
Std. Dev.				
Percent: No Apparent Risk	33	78	45	22
Percent: Probably No Risk	0	0	33	11
Percent: Parenting Problem Likely	67	22	22	67

TABLE 7

Developmental Risk as Measured by the
Michigan Screening Profile

Oakland County Cooperative Extension

4 = No Apparent Risk 3 = Probably No Risk
2 = Parenting Problem Likely 1 = Parenting Problem Likely

I.D.	Emotional Needs Met (ENM)	Relationship with Parents (RWP)	Expectations of Children (EOC)	Coping (COP)
0000	1	4	2	2
0916	1	3	3	3
3079	4	4	4	4
3900	4	4	4	4
6833	1	4	3	3
8984	4	4	4	3
9042	1	4	4	4
Mean	1.4	3.85	2.85	3.3
Std. Dev.				
Percent: No Apparent Risk	43	86	43	43
Percent: Probably No Risk	0	14	29	43
Percent: Parenting Problem Likely	57	0	14	14

Quality of Parental Functioning

The Childhood Level of Living instrument involved both interview items and observational items. Data was collected during phases one, two and three. The Childhood Level of Living (CLL) indicates that at all three sites there was general improvement among family populations (Table 8). Total CLL scores indicate a four percent improvement at Genesee County Department of Social Services, five percent improvement for Grand Rapids Child Guidance Clinic, and six percent improvement of Oakland County Cooperative Extension. Although these are rather small gains, individual variable scores show considerably more information regarding individual programs. The Oakland County Cooperative Extension group particularly demonstrates rather dramatic improvement in the areas of nutrition and health. A ten percent increase in nutrition and health is noted and a 17 percent increase in child development activities. Grand Rapids Child Guidance Clinic group demonstrates its most significant improvement in the area of child development activities going from 74 percent to 87 percent, a 13 percent increase. The Genesee County Department of Social Services scores indicate an overall group improvement of 11 percent in the area of family interaction. (See Tables 8 and 9.) Table 9 summarizes scores of all respondents for whom the CLL was utilized. Tables 8 and 9 report all scores of individuals responding in all three phases. There appears to be consistency in both the observation items and the interview items indicating a gradual

TABLE 8

QUALITY OF PARENTAL FUNCTIONING AS MEASURED BY THE CHILDHOOD LEVEL OF LIVING SCALE

	Sites:	Genesee County Dept. of Social Services			Grand Rapids Child Guidance Clinic			Oakland County Cooperative Extension			Sites Combined		
	Phase:	I	II	III	I	II	III	I	II	III	I	II	III
Scores: Means (S.D.)	1. Supervision, Control, Discipline	69 (12)	71 (16)	78 (14)	65 (9)	78 (8)	66 (9)	71 (16)	73 (8)	80 (7)	68 (12)	74 (11)	74 (12)
	2. Family Interaction	54 (14)	62 (12)	65 (12)	58 (13)	63 (19)	64 (13)	66 (11)	64 (14)	66 (15)	59 (13)	63 (15)	65 (13)
	3. Child Development Activities	83 (9)	77 (17)	68 (18)	74 (17)	84 (11)	87 (8)	65 (17)	90 (6)	82 (11)	75 (16)	83 (13)	79 (15)
	4. Nutrition and Health	78 (14)	82 (12)	86 (16)	81 (10)	86 (9)	84 (9)	74 (11)	75 (9)	84 (12)	78 (11)	82 (10)	85 (12)
	5. Physical Environs Household Maintenance	70 (27)	79 (19)	69 (30)	86 (10)	88 (15)	72 (26)	93 (4)	88 (11)	98 (4)	82 (19)	84 (16)	79 (26)
	6. Observation Items	67 (12)	68 (11)	67 (14)	71 (6)	74 (9)	75 (8)	72 (8)	72 (14)	69 (19)	70 (9)	71 (11)	71 (13)
Scores: Means (S.D.)	7. Interview Items	72 (12)	77 (17)	80 (16)	72 (6)	78 (10)	76 (7)	75 (15)	74 (7)	86 (6)	73 (11)	77 (12)	80 (11)
	8. Total CLL Score	70 (10)	73 (13)	74 (15)	71 (5)	77 (9)	76 (6)	73 (9)	74 (9)	79 (7)	71 (8)	75 (10)	76 (10)
	CASES:	7	7	7	8	8	8	5	5	5	20	20	20

NOTE: Only those subjects with data for all three time periods are reported.

TABLE 9

QUALITY OF PARENTAL FUNCTIONING AS MEASURED BY THE CHILDHOOD LEVEL OF LIVING SCALE

	Site: Genesee - County Department of Social Services			Site: Grand Rapids - Child Guidance Clinic			Site: Oakland - County Cooperative Extension			Sites Combined		
Phase:	I	II	III	I	II	III	I	II	III	I	II	III
Scores (m)												
1. Family Interaction (Std. D)	54.3 (14.1)	65.0 (12.1)	65.9 (11.8)	57.5 (13.1)	62.6 (17.9)	64.4 (13.4)	64.0 (9.2)	63.7 (12.2)	66.4 (14.6)	58.8 (12.4)	63.8 (14.0)	65.5 (12.4)
2. Supervision, Control, and Discipline	69.4 (12.3)	69.9 (16.0)	78.1 (14.1)	68.4 (10.3)	78.8 (8.0)	66.0 (9.3)	66.8 (16.1)	73.2 (7.1)	80.2 (7.1)	68.1 (12.6)	74.0 (11.8)	74.2 (12.5)
3. Child Development Activity	82.7 (8.7)	80.9 (16.9)	71.8 (19.0)	77.3 (14.5)	83.1 (10.3)	87.1 (8.4)	60.1 (16.8)	86.2 (11.5)	81.8 (11.1)	73.0 (16.6)	83.0 (13.0)	79.6 (15.3)
4. Nutrition/ Health	78.4 (14.2)	83.2 (12.1)	87.8 (14.2)	77.4 (10.1)	87.7 (9.2)	83.9 (9.0)	74.1 (18.1)	79.3 (13.0)	84.4 (11.9)	76.6 (14.0)	83.9 (11.3)	85.6 (11.6)
5. Physical Environment/ Household Maintenance	70.1 (26.9)	76.6 (20.3)	68.8 (28.7)	82.8 (13.8)	82.3 (19.7)	77.1 (25.6)	84.5 (23.6)	90.2 (10.8)	98.0 (4.0)	80.0 (21.8)	81.8 (18.3)	77.5 (26.1)
6. Observation Items	67.1 (12.0)	68.8 (11.9)	68.3 (14.7)	70.4 (6.7)	70.9 (11.6)	74.9 (8.0)	66.6 (15.3)	74.2 (13.0)	68.8 (19.3)	68.1 (11.4)	70.9 (11.7)	70.8 (13.6)
7. Interview Items	72.3 (12.3)	78.4 (15.4)	81.0 (15.2)	71.9 (6.7)	79.1 (9.9)	76.1 (7.4)	72.3 (14.0)	74.0 (6.4)	86.4 (5.6)	72.1 (10.8)	77.6 (11.4)	80.5 (11.3)
8. Total CLL	69.9 (10.4)	73.9 (12.9)	74.8 (14.5)	71.5 (4.5)	76.3 (8.4)	75.6 (6.3)	69.1 (13.0)	74.3 (7.9)	79.4 (6.8)	70.2 (9.5)	74.9 (9.9)	76.1 (10.3)
N =	7	9	9	8	9	8	8	6	5	23	24	22

NOTE: Data for all those studied per time period are reported.

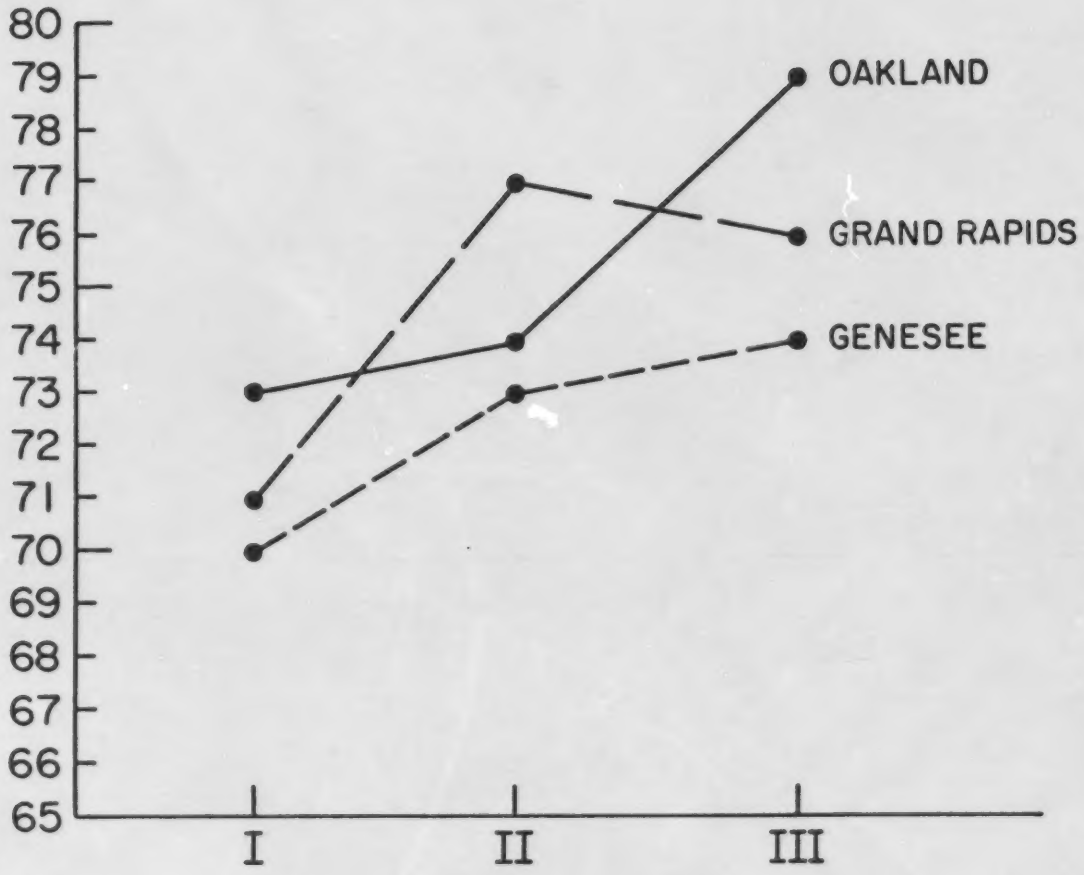


FIGURE 3

AVERAGE SCORES ON PARENTAL FUNCTIONING AS MEASURED BY CHILDHOOD LEVEL OF LIVING SCALES BY SITE AND PHASE

and slow improvement in all variables noted. These results in particular would appear to reflect the philosophical stance of the individual agencies involved as well as the training and supportive services offered by the agency.

Family Functioning: The Client Movement Measurement Manual (CMMM)

The CMMM, as previously discussed, is an instrument completed by Protective Services workers at each phase. This instrument requires prior knowledge about the family in order to make a valid assessment. However, in all three sites studied, there was considerable change in Protective Services workers. In Kent County, there was a 100 percent worker and supervisor turnover from the beginning of the study period to the second phase. In Genesee County Department of Social Services, approximately one third of the workers and supervisors changed between phase two and phase three and in Oakland County, the percent ranged approximately 80 percent. Although the project coordinator met with individual Protective Services workers to explain the instrumentation and the rating system, it is still highly questionable that inter-rater consistency in scaling individual families occurred. Tables 10, 11 and 12 indicate the individual scores each family received by their respective Protective Services worker. Each number represents a level of functioning with ten being the highest possible. Summary data at the end of each column indicates the amount of change as described by the CMMM. Column totals represent the average amount of change.

TABLE 10

Change in Quality of Family Functioning as Measured by the

Client Movement Measurement Manual

Oakland County Cooperative Extension

ID	Parenting Skills			Social Integration			Impulse Control			Family Bonding			Spouse or Surrogate Adjustment			Self Image			Maternal Characteristics			PS Worker Rating			Summary Data Phase I-Phase III (Phase II-Phase I)	Summary Data (Phase III-Phase I)
9560	4	4 0	5 +1	5.8	4 -1.8	5 -.8	3.5	3 -.5	5 +1.5	4	3.5 -.5	3.5 -.5	5	1 -4	5 0	4	3.7 -.3	4.3 +.3	3	3.5 +.5	5 +2	2	4 +2	3 +1	- 4.6	+ 4.5
0916	5.3	10 +4.7	4.9 -.4	1.8	5.8 +4	3.5 +1.7	5	7.5 +2.5	3.5 -1.5	8.5	9 +.5	4.5 -3.5	NA	-----	---	6	7 +1	3.7 -2.3	8	9 +1	4.5 -3.5	7.5	9 +1.5	4.5 -3	+15.2	- 9.2
9042	6.8	7 +.2		3.5	4 +.5		9	9 0		7	8 +1		NA	-----	---	2.6	4.7 +2.1		7.5	6.5 -1		8.5	8 -.5		+ 2.3	----
3900	4.3	6.4 +2.1	6.7 +2.4	3.5	5 +1.5	6 +2.5	9	5.5 +3.5	7 +2	6	6.5 +.5	7 +1	NA	-----	---	2.7	5 +2.3	6.7 +4	9	7.5 +2.5	9 0	6	7 +1	8.5 +2.5	+13.4	+14.4
0000	2	5.4 +3.4	8.3 +6.3	4.3	5.8 +1.5	6.8 +2.5	3.5	6.5 +3	8.5 +5	5	6.5 +1.5	8.5 +3.5	5	8 +3	10 +5	2.7	6.7 +4	8.3 +5.6	1	9 +8	8 +7	5	10 +5	10 +5	+29.4	+39.9
6833	7.6	9 +1.4		7.5	6.5 -1		7	8 +1		9	8 -1		NA	-----	---	3.3	5.7 +2.4		6	8 +2		7	6.5 -.5		+ 4.3	----
3079	5.7	4.7 -1	6.9 +1.2	4	4.8 +.8	4.8 +.8	8.5	6 -2.5	7.5 -1	7	3 -4	6.5 -.5	5	3 -2	5 0	5	4.7 -.3	5.7 +.7	6	5 -1	6.5 +.5	8.5	6.5 -2	6.5 -2	-12	- .3
8984	4.4	6.6 +2.2	7.7 +3.3	5.3	5 -.3	6 +.7	6	7 +1	9 +3	5.5	6.5 +1	7.5 +2	2	3 +1	6 +4	8.3	6 -1.7	8.7 +.4	8.5	9 +.5	8.5 0	8.5	10 +1.5	8.5 0	+ 5.2	+13.4
Average Change		+1.6	+2.3		+.7	+1.2		+1.0	+1.5		-.1	+.3			*		+1.2	+1.5		+1.6	+1.0		+1.0	+.6	+ 6.7 + (3.4)**	+ 10.5 + (4.6)**

* insufficient data to create a summary statistic

* average change scores when family 0000 is excluded

TABLE 11

Change in Quality of Family Functioning as Measured by the

Client Movement Measurement Manual

Grand Rapids Child Guidance Clinic

ID	Parenting Skills			Social Integration			Impulse Control			Family Bonding			Spouse or Surrogate Adjustment			Self Image			Maternal Characteristics			PS Worker Rating			Summary Data: Phase I-Phase III (Phase II-Phase I)	Summary Data: (Phase III-Phase I)
2890	5.4	7.1	7	9	9.5	9.3	6.5	8.5	8	6.5	9	9	7	8	8	7.6	8.6	8.3	8.5	9	9	9	10	9.5		
		+ 1.7	+ 1.6		+ .5	+ .3		+ 2	+ 1.5		+ 2.5	+ 2.5		+ 1	+ 1		+ 1	+ .7		+ .5	+ .5		+ 1	+ .5	+10.2	+ 8.6
7786	5.2	6.7	5	4.5	4	3.5	5	4.5	6	6	4	6	4	3	3	4	4.3	3	5	4		7.5	4.5			
		+ 1.5	- .2		- .5	- 1		- .5	+ 1		- 2	- 0		- 1	- 1		+ .3	- 1		- 1			- 3		- 3.2	- 2.2
9506	3.4	4.1	3.6	3	4	3.5	4.5	4.5	5	3	4	5	2	4	8	3.6	4.7	4.3	4.5	4.5	5	4	8.5	4		
		+ .7	+ .2		+ 1	+ .5		0	+ .5		+ 1	+ 2		+ 2	+ 6		+ 1.1	+ .7		0	+ .5		+ 4.5	0	+10.3	+10.4
7393	3.7	7.1	5.6	7.3	8.3	5.8	5.5	7.5	6.5	3.5	6	5	4	4	5	4	5.6	4.3	5.5	7.5	6.5	5	7.5	6.5		
		+ 3.4	+ 1.9		+ 1	- 1.5		+ 2	+ 1		+ 2.5	+ 1.5		[illegible]	+ 1		+ 1.6	+ .3		+ 2	+ 1		+ 2.5	+ 1.5	+15	+ 6.7
8884	4.3	4.6	4.9	2.8	5	4.3	5	7	4.5	4.5	6.5	6	4	7	6	5.3	5.3	4.7	5	5	6.5	7	7	7.5		
		+ .2	+ .6		+ 2.2	+ 1.5		+ 2	- .5		+ 2	+ 1.5		+ 3	+ 2		- 0	- .6		+ 0	+ 1.5		+ 0	+ .5	+ 9.5	+ 8.7
4069	5.1	4	4	4.7	5.5	5	6.5	5	4.5	3.5	4	4	1	1	NA	3	3	4	6	6	5.5	7.5	7	5.5		
		- 1.1	- 1.1		+ .8	+ .3		- 1.5	- 2		+ .5	+ .5					0	+ 1		0	- .5		- .5	- 1.5	- 1.8	- 4.3
2613	2.6	3		3.3	3.5		3	2		1.5	2		NA	----	----	2.3	2		2.5	3		2.5	2.5			
		+ .4			+ .2			- 1			+ .5						- .3			+ .5			0		+ .3	----
3739	8.3	5.6	6.1	4.3	3.5	3.8	7	7	7.5	5.5	6	5.5	3	6	4	4	6.3	4	3.5	6	4.5	5.5	7	5		
		- 2.7	- 2.2		- .8	- .5		0	+ .5		+ .5	0		+ 3	+ 1		+ 2.3	0		+ 2.5	+ 1		+ 1.5	+ .5	+ 8.6	+ .3
Average Change		+ .5	- .1		+ .6	- .1		+ .4	+ .3		+ .9	+ 1.1		+ 1.3	+ 1.7		+ .8	+ .2		+ .6	+ .7		+ .8	+ .3	+ 6.1	+ 4.0

TABLE 12

Change in Quality of Family Functioning as Measured by the

Client Movement Measurement Manual

Genesee County Department of Social Services

ID	Parenting Skills			Social Integration			Impulse Control			Family Bonding			Spouse or Surrogate Adjustment			Self Image			Maternal Characteristics			PS Worker Rating			Summary Data: Phase I - Phase III (Phase II - Phase I)	Summary Data: Phase III (Phase III - Phase I)
5076	3	3.7	5.3	2.5	4	4	5	4.5	4	1.5	3.5	5	NA	2	5	3.3	5.3	5.3	1	2.5	3.5	4	4.5	5.5	+ 7.7	+12.3
		+ .7	+ 2.3		+ 1.5	+ 1.5		- .5	- 1		+ 2	+ 3.5			+ 3		+ 2	+ 2		+ 1.5	+ 2.5		+ .5	+ 1.5		
4922	5	8.1	8.1	2.2	2.8	5.3	6	7.5	8	3	7.5	8	NA	----	----	1.3	4.7	6	5.5	7.5	7.5	4.5	6.5	7	+17.1	+22.4
		+ 3.1	+ 3.1		+ .6	+ 3.1		+ 1.5	+ 2		+ 4.5	+ 5		----	----		+ 3.4	+ 4.7		+ 2	+ 2		+ 2	+ 2.5		
4810	6.9	7.3	7.1	3.5	1.3	3.8	6.5	4	5	7.5	8.5	8	5	7	6	5.3	5	3.3	8.5	7.5	7.5	9.5	9	8.5	+ 1.9	- .5
		+ .4	+ .2		- 2.2	+ .3		+ 2.5	+ 1.5		+ 1	+ .5		+ 2	+ 1		- .3	- 2		- 1	- 1		- .5	- 1		
1022	6.1	4	4.3	3.5	4.3	2.8	7	5.5	5	5.5	5	6	NA	----	----	6	4.3	7	6	4	4.5	8.5	4.5	5.5	- 7	- 8.5
		- 2.1	- 1.8		+ .8	- .7		- 1.5	- 2		- .5	- .5		----	----		- 1.7	+ 1		- 2	- 1.5		- 4	- 3		
2193	2.5	1.7	3.9	2	1.8	2.2	10	10	9	9	10	7.5	NA	----	----	1.3	4	3.7	1.5	4.5	2	4	6	4	+ 3.7	+ 1
		- .8	+ 1.4		- .2	+ .2		0	- 1		- 1	- 2.5		----	----		+ .7	+ 2.4		+ 3	+ .5		+ 2	0		
2069	3.3	3.7	5	5.8	5.3	4.8	5	6	8	3.5	2	7	4	2	2	7.3	3.3	8	7	5	6.5	6	6	7.5	- 8.6	+ 7.9
		+ .4	+ 1.7		- .5	- 1		+ 1	+ 3		- 1.5	+ 3.5		- 2	- 2		- 4	+ .7		- 2	+ .5		0	+ 1.5		
7365	3.4	1.4		4.2	2.5		6	1		6.5	1		6	1		3.7	1		6	1		6	1		-31.9	----
		- 2			- 1.7			- 5			- 5.5			- 5			- 2.7			- 5			- 5			
7277		2.6	3		1.5	3.7		5	4		2.5	2.5	NA	----	----		3	2.7		5.5	4.5		4.5	5	----	+ .8
			+ .4			+ 2.2			- 1			0		----	----			- .3			- 1			+ .5		
8061	4.5	6.4		5.5	3.8		5	6		3.5	6		NA	----	----	2.7	4		4	4.5		6	5.5		+ 5	----
		+ 1.9			- 1.7			+ 1			+ 2.5			----	----		+ 1.3			+ .5			- .5			
Average Changes (excluding J 7365)		+ .5	+ 1.0		- .2	+ 1.0		+ .6	+ .2		+ 1.0	+ 1.6		*			+ .2	+ 1.2		+ .3	+ .3		- .07	+ .3	+ 2.8	+ 5.1

* insufficient data to create a summary statistic

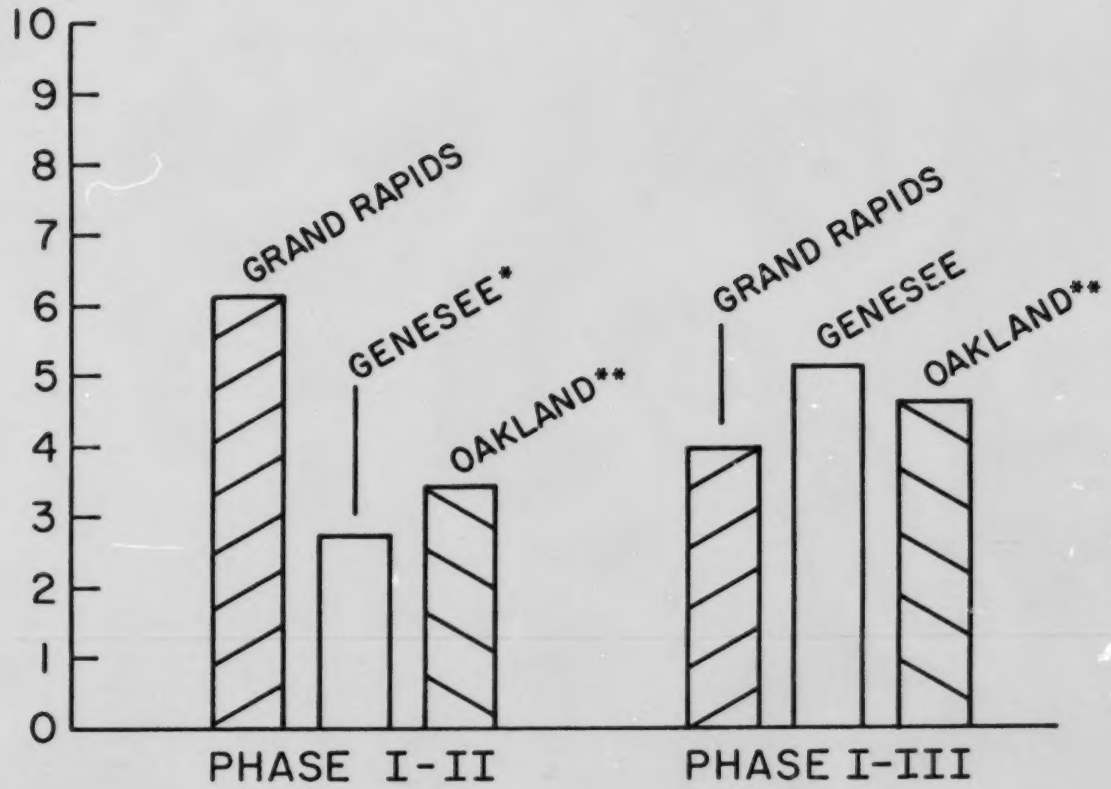


FIGURE 4

AVERAGE CHANGE IN FAMILY FUNCTIONING AS MEASURED BY CLIENT MOVEMENT MEASUREMENT MANUAL BY SITE

* EXCLUDING ONE FAMILY WITH UNUSUALLY NEGATIVE GAIN WHO SUBSEQUENTLY HAD CHILDREN REMOVED

** EXCLUDING ONE FAMILY WITH UNUSUALLY POSITIVE GAIN

With one exception, data from the CMMM for Oakland County Cooperative Extension shows general improvement for all clients involved in the program. In fact, one client demonstrated a very dramatic improvement of 40 percent from phase one to phase three. This particular client is scheduled to become a parent aide in the future. The average change per client was 6.7 points during the first six months and 10.5 points for the entire period. Areas of greatest growth were parenting skills and self image.

Summary data from the CMMM of the Grand Rapids Child Guidance Clinic indicates that all clients with the exception of two also showed general improvement. A different pattern, however, from the previous agency should be noted. Whereas in the Oakland County Cooperative Extension group improvement showed a general trend throughout each phase, within the Grand Rapids agency, rapid improvement is demonstrated between phase one and phase two, with a slight downward trend between phase two and phase three. Average changes of 6.4 points from phase one to phase two were not maintained. Overall growth was noted of 4.0 points mainly in the area of family bonding and spouse adjustment.

More variation in clients' scores is demonstrated within the Genesee County Department of Social Services study group. Within this population, three clients show a downward trend between the beginning of the study and its termination. The one client's score, who decreased considerably between the first and second phase, i.e., minus 31.9 percent, had her child removed at the

end of this phase. A general positive trend can be noted within Genesee County initially and over time, although some clients demonstrate a slow but gradual increase, while others show a more fluctuating pattern. Overall changes of +5.1 points were noted in these families with family bonding and self image showing the greatest growth.

Social Isolation

One of the primary areas of concern of researchers within the child neglect area is that of the degree of isolation of families. Consequently, several items within the total instrumentation included questions related to the types and amount of relationship the families in the study had with those outside of their family group. Results among the three agencies are fairly consistent across the board and noteworthy.

To the question,"Within the last year have you needed any help?", families at the phase one aspect of the study indicated that approximately 86 percent had indeed needed help; the same question repeated at phase three indicated that in two sites, Genesee and Oakland, 100 percent had needed assistance and 86 percent in Grand Rapids. The follow-up question queried: "from whom have you requested help?" This particular question demonstrates substantial change within the studied populations. During phase one, over 64 percent of the respondents had looked to a formal agency, i.e., Department of Social Services, mental health, or other type of organized agency for assistance. Very

few had anyone outside of the formal structure to rely upon. These findings are consistent with Norman Polansky's research in neglect, in which in his study, fewer than 10 percent of the families had anyone within an informal support group. However, by phase three, substantial change in support perceived by the family can be observed. To the query,"From whom have you requested help?", the families responded with no formal agency in the Oakland and Grand Rapids sites and with only seven percent in the Genesee site. All of the responses indicated the families were now looking toward the informal support group as a source of assistance. Particularly in the Oakland site, over 50 percent of the respondents indicated that they would look to the parent aide as a source of help. Genesee indicated a general increase in all support groups across the informal lines. Grand Rapids demonstrated an increase in the use of friends and others which would include neighbors or specifically named individuals. As noted in Table 15, all groups reported a general increase in average number of additional informal support groups and the Grand Rapids and Oakland County groups decreased their use of formal support systems. These rather significant findings are summarized in Tables 13 and 14.

Another aspect of isolation is its reciprocity. Therefore, a question was asked of the families which was: "Within the last year have you been asked for help by others?" The frequency of the response between phases one and three indicates a general

TABLE 13

Social Isolation Scale
(Families)

I. Response to: Within the last year, have you needed any help?

	Genesee County Department of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Total	
Families (Phase I)								
Response	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Yes	6	85.7	7	87.5	6	85.7	19	86.4
No	1	14.3	1	12.5	1	14.3	3	13.5
Families (Phase III)								
Yes	9	100.0	6	85.7	5	100.0	20	95.2
No	0	00.0	1	14.3	0	00.0	1	4.8

TABLE 14

Social Isolation Scale (cont.)
(Families)

II. Response to: From whom have you requested help?

	Genesee County Department of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Total	
Families (Phase I)								
Response	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Formal Agency	5	55.5	6	60.0	5	83.3	16	64.0
Friends	0	00.0	1	10.0	0	00.0	1	4.0
Family	2	22.2	2	20.0	1	16.7	5	20.0
Parent Aide	2	22.2	1	10.0	0	00.0	3	12.0
Families (Phase III)								
DSS	1	7.7	0	00.0	0	00.0	1	3.7
Friends	2	15.4	2	25.0	1	16.7	5	18.5
Family	3	23.1	1	12.5	1	16.7	5	18.5
Parent Aide	4	30.8	2	25.0	3	50.0	9	33.3
Others	3	23.1	3	37.5	1	16.7	7	25.9

TABLE 15

Social Isolation Scale (cont.)

III. Response to: From whom have you requested help?

Formal = Formal public or private agencies
Informal - Friends, Neighbors, Relatives

Genesee County Department of Social Services

	Phase I		Phase II		Change	
Sources	Formal	Informal	Formal	Informal	Formal	Informal
Site ID						
4922	1	0	1	4	0	4
8061	0	0	2	2	2	2
4810	2	0	2	3	0	3
7277	3	1	1	3	2	2
1022	2	0	2	1	0	1
7365	1	3	0	1	-1	-2
5076	0	0	1	0	1	0
2193	1	0	0	2	-1	2
2069	0	1	1	0	1	-1
TOTAL	-10	+5	-10	+16	+4	+11
					Ave. + .4	+ 1.2

Grand Rapids Child Guidance Clinic

6826	1	1	1	1	0	0
2890	1	0	0	3	-1	3
2613	1	1	1	0	0	-1
7786	0	1	0	2	0	+1
3739	2	0	0	0	-2	0
7393	0	0	1	0	1	0
4069	2	1	0	1	-2	0
8884	1	0	0	0	-1	0
9506						
TOTAL	-8	+4	-3	+7	-5	+3
					Ave. - .6	+ .4

Oakland County Cooperative Extension

8984	1	0	0	2	-1	2
0916	1	0	0	1	-1	1
6833	1	0	0	1	-1	1
9560						
3079	2	0	0	2	-2	2
9042						
3900	1	1	0	4	-1	3
TOTAL	-6	+1	0	+10	-6	+9
					Ave. -1.2	+1.8

drop of five percent in terms of being looked to for help from others. A change can also be noted in those people who solicit help from the families with a general increase being demonstrated in terms of the family specifically requesting more help of the parent by the end of the study period. (See Table 15.)

Self Concept

The modified Sears Self Concept Scale was utilized to measure self concept. Within the general instrument, five variables were determined: physical, emotional, social, cognitive, and work. Respondents were asked to rate themselves along each variable. "One" equalled "one of the best" and "five" equalled "not very good." The results of this response can be seen in Table 17. All three sites appear to be fairly consistent in their scores as well as the degree of change. Very little change can be noted either within variables or within the total score. There appears to be no change within the Grand Rapids population and very little (-.3) within the Oakland and Genesee study populations. It would appear that the aspect of self concept measured is a highly stable one and that the period of time during which the study occurred is not sufficient to cause change.

Quality of Life

The importance of how parents and families view themselves and the type of life they live is a value which forms a foundation of many subsequent behaviors. Consequently, families were asked

TABLE 16

Social Isolation Scale (cont.)

IV. Response to: Within the last year, have you been asked for help (by others)?

	Genesee County Department of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Total	
Families (Phase I)								
Response	**Frequency**	**%**	**Frequency**	**%**	**Frequency**	**%**	**Frequency**	**%**
Yes	7	87.5	7	87.5	5	71.4	19	82.6
No	1	12.5	1	12.5	2	28.6	4	17.4
Families (Phase III)								
Yes	7	77.7	6	75.0	4	80.0	17	77.3
No	2	22.2	2	25.0	1	20.0	5	22.7

V. Response to: By whom have you been asked for help? (If IV is yes)

	Genesee County Department of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Total	
Families (Phase I)								
Response	**Frequency**	**%**	**Frequency**	**%**	**Frequency**	**%**	**Frequency**	**%**
Friends	4	50.0	5	71.4	4	57.1	13	59.1
Family	4	50.0	2	28.6	3	42.9	9	40.9
Families (Phase III)								
Friends	3	37.5	5	62.5	3	75.0	11	55.0
Family	5	62.5	3	37.5	1	25.0	9	45.0

to rate themselves in terms of the best life possible versus the worst life possible over a time frame of two years. All families perceived the present as better than the past and the future as being better than the present. The Grand Rapids Child Guidance Clinic had rather consistent results in that families responded in a similar or slightly more positive manner between phase one and phase three. Consistently over the questions past, present and future, between phases one and three, the respondents indicated a slightly more favorable outlook.

Genesee and Oakland County groups, however, tended to view the future more pessimistically in phase three than in phase one. Genesee also viewed the past as being much worse in phase three than in phase one and the present with a slight decrease. Oakland County respondents look at the present slightly less positively and the past considerably worse than they once did. These changes may or may not reflect in the program as many other factors in people's lives influence such ratings. (See Table 18.)

More substantial differences among sites can be noted in the subjects' responses to the question "What are the best parts of your life?" During phase one, the overall response was "family" in 84.6 percent of the cases. However, in response to the same question in phase three there was some variation with only 72.7 percent of respondents indicating "family" in both Grand Rapids and Oakland. Other associations and miscellaneous categories increased in these sites. The Genesee group remained the same at 100 percent noting family. There was very little variation

TABLE 17

SELF-CONCEPT OF FAMILIES AS MEASURED BY THE

SEARS SELF-CONCEPT SCALE

Site:		Genesee County Dept. of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Co-operative Extension		Combined	
Phase:		I	III	I	III	I	III	I	III
Scores: (S.D.)	1. Physical	2.6	2.9	3.3	3.3	2.8	2.4	2.9	2.9
		(0.9)	(0.8)	(1.0)	(0.7)	(1.6)	(1.1)	(1.1)	(0.9)
	2. Emotional	2.4	2.6	2.9	2.9	2.8	2.2	2.7	2.6
		(0.7)	(0.5)	(0.4)	(0.4)	(1.3)	(0.5)	(0.8)	(0.5)
	3. Social	2.0	2.0	2.5	2.7	2.5	2.6	2.5	2.5
		(0.5)	(0.7)	(0.5)	(0.5)	(1.3)	(0.7)	(0.7)	(0.7)
	4. Cognitive	2.6	2.4	2.9	2.9	2.6	2.4	2.7	2.6
		(0.7)	(0.5)	(0.8)	(0.7)	(1.1)	(0.9)	(0.7)	(0.7)
	5. Work	2.2	2.6	2.4	2.8	2.4	2.6	2.3	2.6
		(0.8)	(0.7)	(0.5)	(0.7)	(0.9)	(0.9)	(0.7)	(0.7)
	6. Total	2.4	2.7	2.5	2.6	2.6	2.2	2.5	2.5
		(0.5)	(0.5)	(0.5)	(0.5)	(1.1)	(0.5)	(0.7)	(0.5)
Cases:		9	9	8	8	5	5	22	22

NOTE: Lower scores represent higher self-concept.

TABLE 18

RATINGS OF QUALITY OF LIFE - FAMILIES

Site:	Genesee County Dept. of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Combined	
Phase:	I	III	I	III	I	III	I	III
Scores: (S.D.) 1. Past	3.2	2.5	2.9	3.3	4.4	1.4	3.4	2.5
	(1.4)	(1.9)	(2.9)	(2.0)	(2.4)	(0.9)	(2.2)	(1.8)
2. Present	4.8	4.9	4.3	5.5	4.8	4.4	4.6	5.0
	(2.5)	(2.7)	(2.0)	(1.3)	(1.9)	(1.3)	(2.1)	(2.0)
3. Future	8.8	7.0	8.3	8.5	7.6	7.2	8.3	7.6
	(0.4)	(1.6)	(1.0)	(0.8)	(2.0)	(1.8)	(1.2)	(1.5)
Cases:	9	9	8	8	5	5	22	22

NOTE: Range 1-10

among the research sites and between the phases to the response "What are the worst parts of your life now?" (See Table 19.) Finances were noted more often in Genesee than other sites and family was more problematic for Grand Rapids respondents during phase one. Finances were mentioned less often in Genesee and more often in Oakland during phase three.

Eco-Maps

Families were asked to diagram themselves in terms of the kinds of relationships they have both internally and externally with a variety of groups. Three particular variables which appeared within the eco-mapping are: strength of relationships - strong, tenuous, and stressful; energy flow - more energy expended than received, more energy received than expended, and the same amount of energy given as received. The third aspect is the rating of the family as to the type of relationship with the parent aide. Two types of descriptions were utilized with families: more energy received than given or reciprocal - same amount of energy given as received. (See Table 20.)

The eco-mapping technique demonstrated improvement in general relationships, either as a movement from an increase in the number of strong relationships, a change from tenuous to strong relationships, or a change from stressful to tenuous or strong relationships. Of the three sites, Genesee County Department of Social Services families declared the largest increase in the number of strong relationships from phase one to phase three. Some of the families

TABLE 19

Value Positions: Families

I. Response to: What are the best parts of your life?

	Genesee County DSS		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Total	
Families (Phase I) N =	9		9		8		26	
Response	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Family	9	100.0	6	66.6	7	87.5	22	84.6
Job	0	00.0	1	11.1	2	25.0	3	11.5
Association with others	0	00.0	1	11.1	2	25.0	3	11.5
Home	2	22.2	4	44.5	2	25.0	8	30.8
Relationship w/parent aide	2	22.2	2	22.2	0	00.0	4	15.4
Miscellaneous	3	33.3	2	22.2	1	12.5	6	23.1
Families (Phase III) N =	9		8		5		22	
Family	9	100.0	4	50.0	3	60.0	16	72.7
Job	0	00.0	0	00.0	0	00.0	0	00.0
Association with others	0	00.0	3	37.5	0	00.0	3	13.6
Home	2	22.2	0	00.0	0	00.0	2	9.1
Relationship w/parent aide	0	00.0	0	00.0	0	00.0	0	00.0
Control of life	1	11.1	1	12.5	0	00.0	2	9.1
Miscellaneous	0	00.0	2	25.0	2	40.0	4	18.2

TABLE 19 (cont'd)

Value Positions: Families (cont'd)

II. Response to: What are the worst parts of your life now?

	Genesee County DSS		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Total	
Families (Phase I) N =	9		9		8		26	
Response	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Finances	5	55.5	2	22.2	2	25.0	9	34.6
Loneliness	0	00.0	0	00.0	4	50.0	4	15.4
Anxiety	0	00.0	1	11.1	3	37.5	4	15.4
Health	2	22.2	0	00.0	0	00.0	2	7.7
Family	2	22.2	4	44.5	2	25.0	8	30.7
Miscellaneous	2	22.2	4	44.5	1	12.5	7	27.0
Families (Phase III) N =	9		8		5		22	
Finances	2	22.2	2	25.0	2	40.0	6	27.2
Loneliness	0	00.0	0	00.0	2	40.0	2	9.1
Living Situation	2	22.2	2	25.0	1	20.0	5	22.7
Family Problems	3	33.3	3	37.5	1	20.0	7	31.8
Miscellaneous	3	33.3	2	25.0	0	00.0	5	22.7

TABLE 20

Family Eco-Map Analysis

		Genesee County Department of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension	
		ave.	change		change		change
Strength of Relationships	Strong	6.7	+3.6	6.0	+2.5	6.4	+ .8
	Tenuous	2.8	No change	2.0	+ .3	1.2	+1.8
	Stressful	2.1	+2.4	2.6	+1.4	4.4	-1.4
Energy Flow	More Out	2.3		1.3		6.8	
	More In	2.0		1.6		2.0	
	Reciprocal	3.7		3.8		3.2	
Parent-Aide Family Energy Flow		N %		N %		N %	
	More In	5/55%		2/75%		3/60%	
	Reciprocal	4/45%		6/25%		2/40%	

within Genesee, however, did also report an increase in stressful relationships with very little change reported in the area of tenuous relationships. Although the Oakland County Cooperative Extension group did not demonstrate as sharp an increase in strong relationships, it did demonstrate more of a decrease in the area of stressful relationships. Grand Rapids also indicated an increase in strong relationships, but five families also noted an increase of at least one additional stressful relationship by the end of phase three.

Some differences were noted in the way in which families characterized the energy flow between themselves and their parent aides. In both the Genesee County Department of Social Services and the Oakland County Cooperative Extension families described their relationship as one way and reciprocal in approximately equal amounts. Grand Rapids Child Guidance Clinic families, however, reported a three to one ratio of reciprocal versus one-way relationships with their parent aides. It should also be noted that for the majority of the families, the single system outside of the family from which they received either equal amounts of energy or more than they expended, was that of the parent aides.

Family Time Activity

In order to further clarify the behavior and values of the families being studied, a sample of a typical day was derived during each phase. Families were asked to describe what their previous day had been like, in terms of the activity chosen,

the participants, and the amount of time spent. Although there are general problems in terms of recalling the period past, and in specifying the amount of time devoted to such activities, some information can be derived. In both the Genesee County Department of Social Services and the Oakland County Cooperative Extension Service groups an increasing amount of time spent in activities with own children can be seen. Oakland County, particularly, shows a 50 percent increase in the amount of time parents spend with their own children from phase one to phase three. There is a concomitant score of an additional 45 percent increase in activities outside the home for the same research site. This same site also indicates a subsequent dramatic drop in activities other than those with children. No such great fluctuation is noted within the other two sites. (See Table 21.)

Family Rating of the Parent Aide Program

Families were asked to describe the five most important things a parent aide does. There was very little difference among the reactions of the families within each site. There was almost unanimous consensus that giving friendship is the most important thing a parent aide does, with helper being the second most frequently mentioned and providing transportation being third. (See Table 22.)

The families were asked how often they see their parent aides. This question does indicate differences among agencies. Both Genesee County Department of Social Services and the Grand

TABLE 21

Family Time Activity

Genesee County Department of Social Services

	Phase I	Phase II	Phase III
Activities Outside Home	7.0	17.6	14.7
Activities with own Children	37.9	46.7	44.5
Activities other than those with Children	56.1	51.5	55.5
Household Maintenance	40.6	44.5	39.3
Parental Television Viewing	26.9	18.2	14.8
Parental Sleep other than night	3.4	3.8	6.6
Grand Rapids Child Guidance Clinic			
Activities Outside Home	11.6	31.6	28.4
Activities with own Children	42.3	51.2	40.8
Activities other than those with Children	57.0	49.8	59.2
Household Maintenance	46.6	34.8	30.8
Parental Television Viewing	11.9	11.6	12.4
Parental Sleep other than night	2.2	1.8	0.0
Oakland County Cooperative Extension			
Activities Outside Home	19.3	19.0	61.6
Activities with own Children	35.4	54.7	84.8
Activities other than those with Children	66.4	64.1	15.1
Household Maintenance	45.9	42.2	12.1
Parental Television Viewing	10.1	7.7	6.1
Parental sleep other than night	1.1	0.0	0.0

*Avg. % of daily time spent on activity
*Categories not mutually exclusive

TABLE 22

PARENT AIDE ROLE AS PERCEIVED BY FAMILIES

Response (by parent) to: What do you feel are the five most important things a parent aide does?

(Top three (3) responses analyzed)

Response	Agency						Total	
	Genesee County D.S.S.		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension			
	N	%	N	%	N	%	N	%
Friendship	7	77.7	8	88.8	7	87.5	22	84.6
Helper	6	66.6	3	33.3	7	87.5	16	61.5
Transportation	4	44.4	3	33.3	4	50	11	42.3
Support	2	22.2	1	11.1	3	37.5	6	23
Advisor	3	33.3	3	33.3	2	25	8	30.7
Social Activities	2	22.2	4	44.4	1	12.5	7	26.9
Gifts for Children	4	44.4	0	0	0	0	4	15.3
Be Available	2	22.2	-	-	-	-	2	7

NOTE: percent is based on total number of respondents

Rapids Child Guidance Clinic parent aides indicated that a majority of them saw their families at least once a week. However, the Oakland County Cooperative Extension parent aides appeared to see their families less frequently with a wide spread from once a week to less than monthly. (See Table 23.) Also, a very real difference can be seen in response to the families' reaction to the question "How would you rate your relationship with your parent aide?" A majority of the families in both Genesee County Department of Social Services and the Grand Rapids Child Guidance Clinic indicate they are highly satisfied with their relationship. The families within the Oakland County Cooperative Extension program, however, indicate they are satisfied. Related questions in reference to differences in relationship with the parent aide indicate for all sites that generally there has been no change in the relationship or that it has improved between the family and the parent aide.

In response to the question, "Over the last year in your activities with your parent aide, how would you describe the activity which was the most fun?", the Grand Rapids Child Guidance Clinic had a very high percent regarding party or group gathering as the most fun. Genesee County group ranked activities with children as high and the rest were fairly distributed, and Oakland County Cooperative Extension was evenly distributed across the range. For the total population, a party or group activity ranked as the first, activities with children second; and going out

TABLE 23

Family Rating of Parent Aide Program

I. Response to: In the last three months, how often have you seen your parent aide?

	Genesee County DSS	Grand Rapids Child Guidance Clinic	Oakland County Cooperative Extension
Frequency of Meetings			
More than once a week	2	0	1
Once a week	3	6	2
Every two weeks	1	1	1
Every three weeks	2	1	0
Other	1	1	2
II. Response to: In general, how would you rate your relationship with your parent aide?			
Highly Satisfying	4	6	0
Very Satisfying	3	2	2
Satisfying	1	0	4
Adequate	1	0	0
Disappointing	0	1	0

to eat as third in reference to the families' feelings about having fun. (See Table 24.) There was general agreement among the families to the category of, "How would you describe the worst time?" In general there was no "worst time." However, one third of the families in Genesee County did mention a conflict with their parent aide as a worst time. (See Table 24.)

Families were also asked to assist in evaluating the parent aide program as a whole. Responses from each site were very similar. One of the issues of concern within the study, is the amount of time in which a parent aide and family work together. In response to the question, "How much time do you feel a family should have a parent aide?", there was a strong feeling among families that there should be no time limit placed on the parent aide program. (See Table 25.) Families were also asked to suggest any improvements within the program. A clear majority of families, 64 percent, felt that no improvement was needed. Two families in the Genesee County program did request more assistance with transportation. (See Table 26.)

Parent Aides

Parent Aide Demographic Data

Background information regarding parent aides involved with the research study, as well as all parent aides participating at each individual site, was collected. A summary of this information can be seen on Table 27. The following differences between sites should be noted. In general, data regarding parent aides appears

TABLE 24

Family Rating of Parent Aide Program (cont.)

III. Response to: Have you noticed any differences in your relationship with your parent aide since last August (12 months time)?

	Genesee County DSS		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Total	
Response	Frequency	%	Frequency	%	Frequency	%	Frequency	%
1. Much worse	0	00.0	0	00.0	0	00.0	0	00.0
2.	0	00.0	2	25.0	0	00.0	2	9.1
3.	4	44.4	2	25.0	3	60.0	9	40.9
4.	2	22.2	1	12.5	2	20.0	5	22.7
5. Much better	3	33.3	3	37.5	0	00.0	6	27.3

IV. Response to: Over the last year in your activities with the parent aide, how would you describe the activity which was the most fun?

Going to eat	1	11.1	2	25.0	1	20.0	4	18.2
Activities w/kids	3	33.3	1	12.5	1	20.0	5	22.7
Party or Group Gathering	1	11.1	5	62.5	1	20.0	7	31.8
Shopping	1	11.1	0	00.0	1	20.0	2	9.1
Miscellaneous	3	33.3	0	00.0	1	20.0	4	18.2

TABLE 25

Family Rating of Parent Aide Program (cont.)

V. Response to: How would you describe the worst time?

	Genesee County DSS		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Total	
Response	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Conflict w/aide	3	33.3	0	00.0	1	20.0	4	18.2
Lack of Contact	0	00.0	1	12.5	0	00.0	1	4.5
None	5	55.5	5	62.5	2	40.0	12	54.5
Miscellaneous	1	11.1	2	25.0	2	40.0	5	22.7
VI. Response to: How much time do you feel a family should have a parent aide?								
6 mo. or less	1	11.1	0	00.0	1	20.0	2	9.1
6-12 mo.	0	00.0	0	00.0	0	00.0	0	00.0
1 year	2	22.2	0	00.0	1	20.0	3	13.5
1-2 years	0	00.0	0	00.0	0	00.0	0	00.0
No Limit	6	66.6	8	100.0	3	60.0	17	77.3

TABLE 26

Family Rating of Parent Aide Program (cont.)

VII. Response to: Do you have any suggestions to improve the parent aide program?

	Genesee County DSS		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Total	
Response	Frequency	%	Frequency	%	Frequency	%	Frequency	%
More help with transportation	2	22.2	0	00.0	0	00.0	2	9.1
Better matching of parent aide with family	1	11.1	0	00.0	0	00.0	1	4.5
None	6	66.6	5	62.5	3	60.0	14	63.6
Miscellaneous	0	00.0	3	37.5	2	40.0	5	22.7

TABLE 27

PARENT AIDE DEMOGRAPHIC DATA

	Genesee County Department of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension	
	Research Group N = 9	Total Population N = 25	Research Group N = 9	Total Population N = 34	Research Group N = 8	Total Population N = 48
Age:						
Mean	32	39	41.4	38.2	40.3	42
Range	23-50	22-54	30-55	22-58	23-66	23-66
Marital Status:						
Married	5 56%	14 56%	8 89%	32 94%	8 100%	43 90%
Single	2 22%	6 24%	0 0	1 3%	0 0	0 0
Divorced Separated	2 22%	4 16%	0 0	0 0	0 0	3 6%
Widowed	0 0	1 4%	1 11%	1 3%	0 0	2 4%
Children:						
Mean	2.2	3.1	3.2	2.9	2.6	3
Gender:						
Female	8 89%	22 88%	9 100%	33 97%	9 100%	46 96%
Male	1 11%	3 12%	0 0	1 3%	0 0	2 4%
Race:						
White	4 44%	15 60%	9 100%	32 94%	8 100%	40 96%
Black	5 46%	10 40%	0 0	2 6%	0 0	2 4%
Prior Volunteer Experience	1.1	1.28	2.2	1.9	2.5	2.3
Education--Years In School	14.3 years	13.8 years	14.6 years	15.6 years	14.1 years	14.1 years
Length of Time Parent Aide at Time of Study	.75 years	1.1 years	1.6 years	1.62 years	.6 years	.55 years

to be similar between the Grand Rapids Child Guidance Clinic and the Oakland County Cooperative Extension Service. Genesee County Department of Social Service statistics, however, are distinct. Both within the research group, and in the entire population, differences exist. The Genesee group is younger than the mean of the other two groups. The Genesee group also has a more variable marital status with more being in the single and divorced categories; a clear majority of the parent aides within the other two sites are married. The Genesee County group also can be distinguished by the fact that 46 percent of their population consists of black volunteers. The other two programs, Grand Rapids Child Guidance Clinic and the Oakland County Cooperative Extension Service, are almost 100 percent white. Additionally, under the category of prior volunteer experience, the Genesee County volunteers appear to have less experience in this field, 1.1 years, as compared to the other two sites of 2.2 years in Grand Rapids Child Guidance Clinic, and 2.5 years in the Oakland County Cooperative Extension Service. Education levels for the three sites appear to be fairly similar with a mean education of two years of college.

Children's Lifestyle Questionnaire

This instrument was administered to each of the agency parent aide groups to determine their attitudes regarding specific parent-child issues which are frequently encountered in working with Protective Services families. Parent aides were asked to rank topics on a six-point continuum of "extremely poor" to "excellent." It was found that there was no difference in response across the three agencies: all parent aides appear to be accepting and

flexible in terms of physical neglect, i.e., poor housing or lack of proper clothing upkeep. Parent aides, however, did indicate strong reservations in their acceptance of emotional abuse, such as overt rejection of the child or severe verbal punishment.

Self Concept

Both the Genesee County Department of Social Services and the Oakland County Cooperative Extension program demonstrated a slight increase in self concept (.2 and .3 respectively). The Grand Rapids group remained the same from phase one to phase three. An interesting observation about the Self Concept Scale was that within the five variables the one variable in which most parent aides felt best about themselves, was that of their emotional selves. (See Table 28.) The parent aides varied by one full point above the families in the Self Concept measure.

Quality of Life

In all three categories, present, past and future, and in all three sites, respondents rated their lives in a slightly more pessimistic manner during phase three compared to phase one. Although the decrease was minimal, ranging from .6 to .5, it was somewhat different from the rankings of the families who varied from rating the past and future more negatively but assessing the present as improved from one year ago. (See Table 29.) In spite of this change over time, parent aides perceive their lives in a very positive light and think that the future will be better than the present, and the present is better than the past. Compared to the families' ratings, parent aides perceived their lives as being much richer. They were also perhaps less idealistic about the future. (See Figure 5.)

TABLE 28

SELF CONCEPT OF PARENT AIDES AS MEASURED BY
THE SEARS SELF CONCEPT SCALE

	Site:	Genesee County Dept. of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Combined	
	Phase:	I	III	I	III	I	III	I	III
Scores: (S.D.)	1. Physical	2.3	2.3	2.4	2.4	2.7	2.3	2.4	2.3
		(1.2)	(0.9)	(0.5)	(0.5)	(0.8)	(0.8)	(0.8)	(0.7)
	2. Emotional	1.5	1.5	1.5	1.6	1.7	1.4	1.6	1.5
		(0.5)	(0.5)	(0.5)	(0.7)	(0.5)	(0.5)	(0.5)	(0.6)
	3. Social	1.4	1.4	1.9	1.9	1.6	1.6	1.6	1.6
		(0.5)	(0.5)	(0.8)	(0.6)	(0.5)	(0.5)	(0.7)	(0.6)
	4. Cognitive	2.0	1.6	2.1	2.1	1.7	1.3	2.0	1.7
		(0.8)	(0.7)	(1.0)	(0.8)	(0.8)	(0.5)	(0.8)	(0.8)
	5. Work	1.9	1.8	2.0	2.1	1.7	1.7	1.9	1.9
		(0.6)	(0.7)	(0.9)	(0.6)	(0.5)	(0.5)	(0.7)	(0.6)
	6. Total	1.6	1.4	1.8	1.8	1.9	1.6	1.7	1.6
		(0.5)	(0.5)	(0.5)	(0.5)	(0.4)	(0.5)	(0.5)	(0.5)
	Cases:	8	8	8	8	7	7	23	23

NOTE: Lower scores reflect higher self-concept

TABLE 29

RATINGS OF QUALITY OF LIFE - PARENT AIDES

Site:		Genesee County Dept. of Social Services		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension		Combined	
Phase:		I	III	I	III	I	III	I	III
Scores: (S.D.)	1. Past	6.0	5.6	7.9	7.5	6.7	6.1	6.9	6.4
		(1.9)	(2.0)	(1.4)	(1.9)	(2.0)	(1.9)	(1.8)	(2.0)
	2. Present	7.5	7.0	8.4	8.0	8.3	7.0	8.0	7.4
		(1.3)	(0.9)	(1.1)	(1.2)	(0.5)	(1.3)	(1.1)	(1.2)
	3. Future	8.6	8.0	8.6	8.0	9.0	7.8	8.7	8.1
		(0.7)	(0.8)	(0.7)	(1.1)	(0.0)	(0.4)	(0.6)	(0.8)
	Cases	8	8	8	8	7	7	23	23

NOTE: Range 1-10

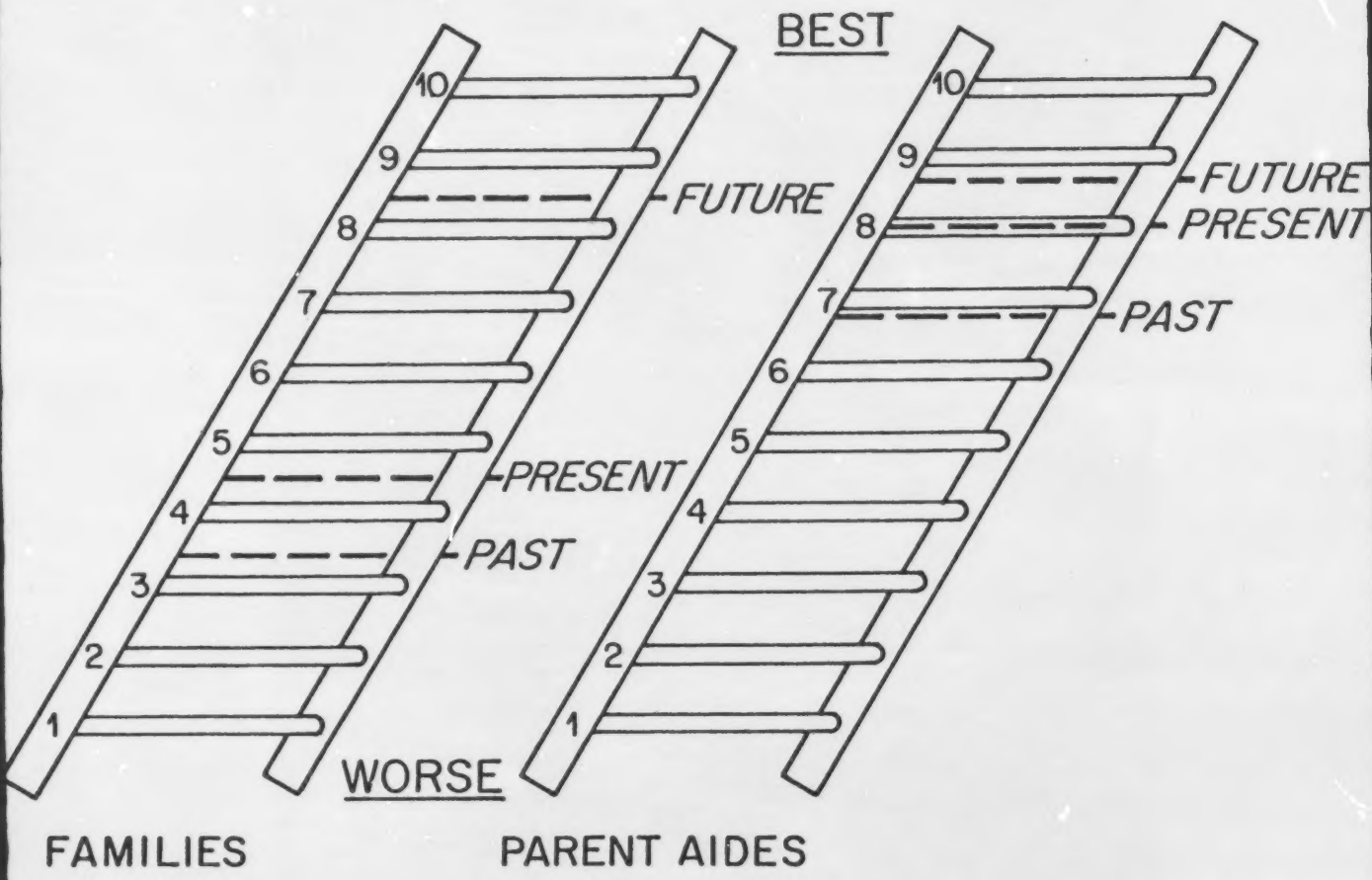


FIGURE 5

RATINGS OF QUALITY OF LIFE UPON INITIAL INVOLVEMENTS;
FAMILIES AND PARENT AIDES

Parent aides also appeared to have slightly different values in terms of what was the best part of their life, although they did not appear to vary considerably between sites. (See Table 30.) The one site that appears to differ somewhat from the other two is that of Oakland County Cooperative Extension. Within that agency there was a fairly even distribution across many items in reference to the best part of their life. The other two sites specified "own family" in a similar manner to the "families with whom they worked." Also, parent aides more readily admitted "own family" as a source of the worst part of their lives as compared with the families' assessment. One-third of the parent aides within the Genesee County Department of Social Services cited problems within their own family as one of the worst parts of their own life as compared with 25 percent in Grand Rapids and 14 percent within Oakland County.

Empathy

The Affective Sensitivity Scale was used to measure empathy. The parent aides' scores on this empathy scale indicate that a majority fall within the average dimension of empathy utilizing a scores of 50 as the mean with 15 points as one standard deviation. (See Figure 6.) The film edition utilized in Grand Rapids did have sound difficulties with a possible depression of scores. Four people's results were deleted from two groups' totals due to leaving more than four questions unanswered. Also, two different forms of the film were utilized. Therefore comparisons across groups should not be made.

TABLE 30

Value-Position Parent Aides

Response to: What are the best parts of your life?

	Genesee County DSS		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extenstion		Total	
Response	Frequency	%	Frequency	%	Frequency	%	Frequency	%
All Parts	0	00.0	0	00.0	1	14.3	1	14.3
Own Family	4	50.0	5	62.5	1	14.3	10	43.4
Work	1	12.5	0	00.0	0	00.0	1	4.3
School	0	00.0	0	00.0	2	28.6	2	8.7
Security	0	00.0	1	12.5	1	14.3	2	8.7
Self-Awareness	0	00.0	0	00.0	1	14.3	1	4.3
Spouse	1	12.5	1	12.5	1	14.3	3	13.0
Miscellaneous	2	25.0	1	12.5	0	00.0	3	13.0
Response to: What are the worst parts of your life?								
No Parts	1	12.5	1	12.5	2	28.6	4	17.3
Own Family	3	37.5	2	25.0	1	14.3	6	27.2
Finances	1	12.5	1	12.5	1	14.3	4	13.6
Scheduling	1	12.5	2	25.0	1	14.3	4	17.3
Miscellaneous	2	25.0	2	25.0	2	28.6	6	27.2

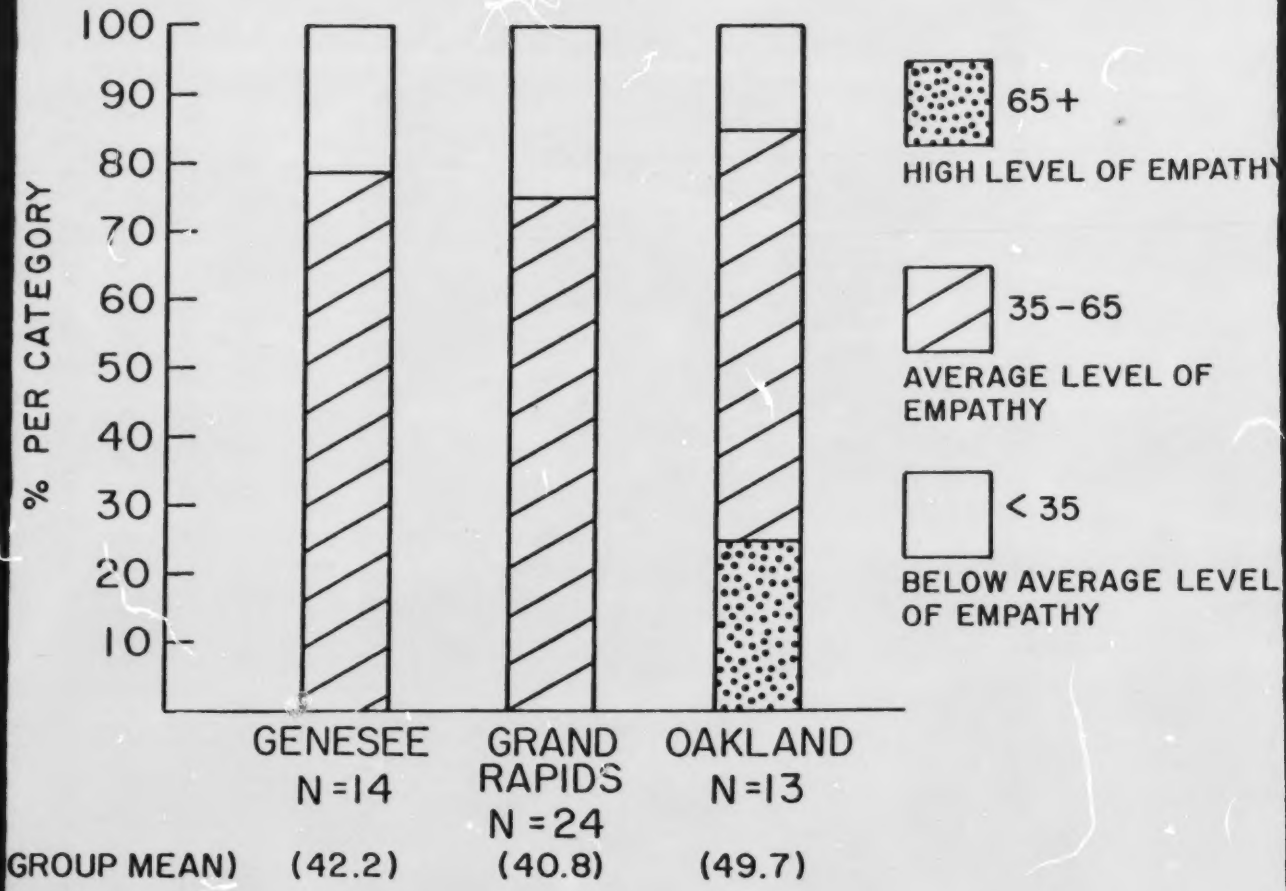


FIGURE 6

PERCENT OF PARENT AIDES WITH VARIOUS LEVELS OF EMPATHY AS MEASURED BY THE AFFECTIVE SENSITIVITY SCALE

Individual results will be given to desirous parent aides with an explanation of each variable during the final evaluation session. No significant differences among groups were noted and therefore there scores are not reported.

Parent Aide Activity Profile

Parent aides were asked to describe the type of activity, participants, and amount of time spent at their last contact with their family. Differences do appear between the sites within these descriptions. The highest portion of activity within Genesee County was that of primarily discussion. This emphasis was also shared with the parent aides of the Oakland County Cooperative Extension group. There was not as much of an emphasis on discussion within the Grand Rapids agency where the amount of time was generally shared between discussion, shopping and transportation. The Grand Rapids agency also was much more likely to include children with the various activities than parent aides in the other two groups. Genesee County and Oakland County parent aides were rather similar in terms of the mean time per visit with their families (2.25 and 2.32 hours respectively). Grand Rapids mean time per visit was 1.84 hours. The Grand Rapids group was also distinctive in that attendance at group gatherings and linkages with other agencies was mentioned twice as often as in the other two sites. (See Table 31.)

Parent aides were asked to cite the five most important things they do as a parent aide. There was a great deal of consistency among the three sites in terms of their ranking of activities. All sites mentioned "to be a friend" with the most

TABLE 31

Parent Aide Activity Profile
(Type Activity per Visit)

Activity	Genesee County Department of Social Services N = 9		Grand Rapids Child Guidance Clinic N = 9		Oakland County Cooperative Extension N = 9		TOTAL N = 9	
	N	%	N	%	N	%	N	%
Meetings and Group Gatherings	1	4	5	21	1	4	7	10
Discussion (Primarily)	19	76	9	38	13	57	47	65
Linkage with other agencies	3	12	6	25	4	17	13	18
Recreation	4	16	6	25	4	17	14	19
Shopping and Transportation	3	12	8	33	8	35	19	26
Going to Eat	5	20	3	13	4	17	12	17
Children Included	7	28	11	46	4	17	22	31
% based on number of observations	25		24		23		72	
Mean time per visit	2.25 hr.		1.84 hr.		2.32 hr.		2.14 hr.	

frequency. Over half of the Genesee County Department of Social Services parent aides mentioned transportation. This category was mentioned in the other two sites by at least one-third of the respondents. The two categories "to assist in personal development of the parent" and "to be available" were also frequently mentioned with Grand Rapids and Oakland County mentioning it twice as often as the parent aides within Genesee County. Oakland County volunteers mentioned the area of resource person twice as much as the other two sites. (See Table 32.)

Parent aides were asked to delineate what they felt their families' expectations of them were. Both Genesee County and Grand Rapids rated "friendship" most frequently; Oakland County parent aides, however, cited friendship half as often as the other two sites. The highest category for them in terms of projecting their families expectations was that they "be available." Genesee County parent aides also cited transportations as an expectation of their families three times as often as the other two sites. Other areas were equally divided and fairly similar across the agencies. (See Table 33.)

Parent aides were also asked to define the expectations that the agency volunteer coordinator had for them. Distinct differences appear as a result of this question. Genesee County Department of Social Services parent aides list more frequently "to be a helper" as the primary expectation of the volunteer coordinator. Other important roles mentioned were: to maintain paper work, attend

TABLE 32

PARENT AIDE ROLE AS PERCEIVED BY PARENT AIDES

Response to: List the five most important things you do as a Parent Aide:
(Top four (4) responses analyzed)

Response	Agency						Total	
	Genesee County D.S.S.		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension			
	N	%	N	%	N	%	N	%
To be a friend	7	77	6	66.6	6	66.6	19	73
Assist with transportation	5	55	4	44.4	3	33.3	12	46
To be a good listener	5	55	2	22.2	5	55.5	12	46
To give advice	6	66.6	2	22.2	3	33.3	11	42
To assist in personal development of parent	2	22.2	5	55.5	4	44.4	11	42
To be available	2	22.2	4	44	4	44.4	10	38
To be a resource person	2	22.2	2	22.2	5	55.5	9	34.6
To provide support	3	33.3	2	22.2	3	33.3	8	30.7
To be a mother's helper	3	33.3	3	33.3	2	22.2	8	30.7
To be a role model	2	22.2	2	22.2	3	33.3	7	26.9

TABLE 33

PARENT AIDE ROLE: PERCEIVED FAMILY EXPECTATIONS

Response to: List most important expectations that you feel the family you are working with has for you in your role as a parent aide.

(Top three (3) responses analyzed)

Response	Agency						Total	
	Genesee County D.S.S.		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension			
	N	%	N	%	N	%	N	%
Friendship	7	77.7	6	66.6	2	35	15	57.6
Support	3	33.3	4	44.4	2	35	9	34.6
Trust	5	55.5	1	11.1	2	35	8	30.7
Advise	3	33.3	3	33.3	1	12.5	7	26.9
Help	2	22.2	3	33.3	2	35	7	26.9
Availability	2	22.2	0	0	4	50	6	23
Transportation	3	33.3	0	0	0	0	3	11.5
Listener	0	0	3	33.3	0	0	3	11.5
Financial Help	0	0	3	33.3	0	0	3	11.5
Resource Person	0	0	0	0	2	25	2	7
Mobility	0	0	1	11.1	0	0	1	3.8
Honesty	0	0	0	0	1	12.5	1	3.8

meetings and provide support to families. The other two agencies, Grand Rapids and Oakland, perceived an emphasis on "maintaining regular contact with their families" and "maintaining a friendship with families." The aspects of maintenance of paper work and to be a helper are not mentioned as frequently. Oakland County Cooperative Extension also has a high preponderance in the category "to assist in the personal development of the parent." (See Table 34 for additional information.)

Parent aides were also asked to describe the activity which they felt was the most fun during the year. The primary difference noted among the three groups was Grand Rapids agency parent aides cited a party or group gathering four times as often as the other two sites. Genesee County also described activities with children more often as a fun activity than the other two agencies. There was a general consensus among parent aides that one of the most frustrating or worst times was dealing with the individual parents' emotional problems. (See Table 35.)

Impact of Parent Aide Work on Personal Lives

Parent aides were asked to describe their motivations in becoming a parent aide. (See Table 36.) Distinctions can be noted within each site. The majority of parent aides within the Grand Rapids Child Guidance Clinic cited educational reasons for becoming parent aides. The desire to help and personal development were emphasized within the Genesee group and personal development, desire to help and education were all mentioned in the Oakland County group.

TABLE 34

PARENT AIDE ROLE: PERCEIVED AGENCY EXPECTATIONS

Response to: List the five most important expectations the agency volunteer coordinator has for parent aides:

(Top three (3) responses analyzed)

Response	Agency						Total	
	Genesee County D.S.S.		Grand Rapids Child Guidance Clinic		Oakland County Cooperative Extension			
	N	%	N	%	N	%	N	%
Maintain regular contact with family	2	22.2	6	66.6	5	62.6	13	50
Maintain a friendship with parent	0	0	6	66.6	5	62.6	11	42.3
To be a resource person	3	33.3	2	22.2	5	62.6	10	38.4
To provide support to family	4	44.4	3	33.3	2	25	9	34.6
To maintain paperwork	5	55.5	1	11.1	2	25	8	30.7
To assist personal development of parent	0	0	3	33.3	5	52.6	8	30.7
To be a helper	6	66.6	1	11.1	0	0	7	26.9
To be a role model	2	22.2	3	33.3	1	12.5	6	23
Attend meetings	4	44.4	0	0	1	12.5	5	19.2
To be an advisor	0	0	3	33.3	0	0	3	11.5

TABLE 35

Parent Aide Interview (Phase III)

How would you rate the following in respect to activities with your family?

Response to: The activity which was the most fun

Response	Agency: Oakland County Cooperative Extension N=9 Frequency	%	Genesee County DSS N=10 Frequency	%	Grand Rapids Child Guidance Clinic N=13 Frequency	%	Total N = 32 Freq.	%
going to eat	1	14.3	2	25	2	25	5	21.7
activities with kids	2	28.6	4	50	1	12.5	7	30.4
party or group gathering	1	14.3	1	12.5	4	50	6	26
misc.	3	42.9	1	12.5	1	12.5	5	21.7

Response to: The worst time

Response	Agency: Oakland County Cooperative Extension Frequency	%	Genesee County DSS Frequency	%	Grand Rapids Child Guidance Clinic Frequency	%	Total Freq.	%
parents' emotional probs.	3	42.9	3	37.5	2	25	8	34.8
daily household tasks	2	28.6	0		0		2	8
problems with family	0		3	37.5	2	25	5	21.7
fam. lack of fin. resources	0		0		2	25	2	8
misc.	2	28.6	2	25	2	25	6	26

TABLE 36

PARENT AIDE INTERVIEW (PHASE III)

Response to: Why did you choose to become a parent aide?

Response	Agency: Genesee County D.S.S. N	%	Grand Rapids Child Guidance Clinic N	%	Oakland County Cooperative Extension N	%	Total N	%
Educational	1	12.5	5	62.5	2	22	8	30
Personal Development	3	38.5	1	12.5	4	44	8	30
Desire to Help	4	50	1	12.5	2	22	7	27
Previous Volunteer Experience	--	--	1	12.5	1	11	2	08
Personal Experience	1	.11	--	--	--	--	1	04

Response to: What has your family thought of your parent aide work?

	Genesee County D.S.S. N	%	Grand Rapids Child Guidance Clinic N	%	Oakland County Cooperative Extension N	%	Total N	%
Positive	5	55	8	89	6	75	19	73
Negative	2	22	--	--	1	12.5	3	11.5
Neutral	2	22	1	11	1	12.5	4	15

The parent aides were asked about their own families' reactions to their parent aide work. A majority, 73 percent of the total population, cited a positive response by their personal families, 15 percent mentioned a neutral response, and 11 percent, a negative one. The parent aides were also asked whether their work as parent aides had any impact on their personal lives. Some distinctions can be noted among sites within this area. Responses such as the "work awakened their awareness of others," "furthered their own self awareness," and "gave them gratification by helping" were fairly evenly distributed among sites. Only one parent aide mentioned a negative impact on their personal lives. (See Table 37.)

Differences in response can be noted across the three sites to the statement: "Indicate the change in the amount of satisfaction you received working with your family over the past year." The Genesee County Department of Social Services parent aides state that they are generally more satisfied with their relationship (62.5 percent). The other two agencies, however, state that they are either receiving the same amount of satisfaction or less than they received one year ago. All three agencies report that they are spending less time now with their families than they had over one year ago. Approximately 78 percent of the parent aides spend less time. (See Table 38.)

TABLE 37

Parent Aide Interview (Phase III)

Response to: Do you feel that your role as a parent aide has made any impact on your personal life? If yes, how?

Response	Agency: Oakland County Cooperative Extension Frequency	%	Genesee County DSS Frequency	%	Grand Rapids Child Guidance Clinic Frequency	%	Total Freq.	%
negative impact	1	14.3	0		0		1	4.3
awakened awareness of others	1	14.3	3	37.5	2	25	6	26
learned new skills	2	28.6	0		0		2	8.1
furthered self awareness	2	28.6	2	250	2	25	6	26
gratification thru helping	1	14.3	3	37.5	2	25	6	26
no impact	0		0		2	25	2	8.7

TABLE 38

Parent Aide Interview (Phase III)

Response to: Indicate change in amount of time spent with your family over the past year.

	Agency							
	Oakland County Cooperative Extension		Genesee County D.S.S.		Grand Rapids Child Guidance Clinic		TOTAL	
Response	Frequency	%	Freq.	%	Frequency	%	Freq.	%
More	0	00.0	0	00.0	2	25	2	8.7
Same	2	28.6	1	12.5	0		3	13
Less	5	71.4	7	87.5	6	75	18	77.5

Response to: Indicate change in amount of satisfaction you receive working with your family over the past year.

	Agency							
	Oakland County Cooperative Extension		Genesee County D.S.S.		Grand Rapids Child Guidance Clinic		TOTAL	
Response								
More	1	14.3	5	62.5	2	25	8	34.8
Same	3	42.9	1	12.5	3	37.5	7	30.4
Less	3	42.9	2	25	3	37.5	8	34.8

Response to: For how long a time do you feel a parent aide should continue working with their family?

	Agency							
	Oakland County Cooperative Extension		Genesee County D.S.S.		Grand Rapids Child Guidance Clinic		TOTAL	
Response								
Less than 6 mo.	1	14.3	0		0		1	4.3
6 mo.-12 mo.	3	42.9	1	12.5	0		4	17.4
12 mo.-2 yrs.	2	28.6	1	12.5	2	25	5	21.7
no limit	1	14.3	6	75	6	75	13	56.5

Parent Aide Program Assessment

Training

Parent aides were asked how often they attended parent aide meetings. Real differences can be noted among the sites for this question. Genesee County Department of Social Services volunteers attend meetings much more frequently than their counterparts in the other two agencies, with half of the aides attending at least bi-weekly meetings compared to both Grand Rapids and Oakland County Cooperative Extension where staff appear to attend monthly or less. (See Table 39.) The Oakland County Cooperative Extension volunteers report that a majority, 86 percent, attend meetings less than bi-monthly.

The parent aide volunteers appear to be fairly similar in rating the type of training offered to them by their agency. All of the parent aides with one exception rate their training as excellent to good in scope. Of the parent aides in the Grand Rapids agency, 44 percent rate their training in the excellent category. The Grand Rapids parent aides and the Oakland County Cooperative Extension parent aides would like additional training, however, the Genesee County Department of Social Services parent aides generally would prefer no additional training.

Parent Aide Attitude - Agency Support

Parent aides differ in their rating of the amount of support available to them. One hundred percent of the parent aides within the Grand Rapids Child Guidance Clinic rate the support available

TABLE 39

PARENT AIDE ATTITUDE -- TRAINING

1. Response to: How often have you been attending the parent-aide meetings offered by your agency:

	Weekly		Bi-Weekly		Monthly		Bi-Monthly		Less than Bi-Monthly	
	N	%	N	%	N	%	N	%	N	%
Genesee County D. S. S.	3	3.75	1	12.5	4	50	--	0	--	0
Grand Rapids Child Guidance	--	0	1	11	4	44	2	22	2	22
Oakland County Cooperative Extension	--	0	--	0	1	14	--	0	6	86

---

2. Response to: How would you rate the training offered by your agency:

	Excellent		Good		Average		Fair		Poor	
	N	%	N	%	N	%	N	%	N	%
Genesee County D. S. S.	2	25	5	62.5	1	12.5	--	--	--	--
Grand Rapids Child Guidance	4	44	5	55	--	0	--	--	--	--
Oakland County Cooperative Extension	1	17	5	83	--	0	--	--	--	--

---

3. Response to: Would you like additional training in working with your family:

	Yes		No	
	N	%	N	%
Genesee County D. S. S.	3	33	6	67
Grand Rapids Child Guidance	6	75	2	25
Oakland County Cooperative Extension	6	85	1	14

to them as excellent. Genesee County parent aides rate support in the good to excellent range, whereas the Oakland County Cooperative Extension parent aides rate support from average to excellent. (See Table 40.)

Parent aides were also asked to rate the Protective Services workers' support. Forty-eight percent of the parent aides rated the Protective Services workers as providing excellent support. The Grand Rapids agency, however, showed more of a continuum of evaluation from a rating of excellent to a rating of poor. In general, Genesee County and Oakland County rated the support service available by the Protective Services worker from average to excellent.

Parent aides were also asked for their thoughts regarding the optimal amount of time the parent aide should continue working with families. Responses appeared to be in association with current practice within the individual agencies. The Grand Rapids agency specified from 12 months to no limit as ideal. Genesee County Department of Social Services parent aides also felt that no limit would be appropriate, however, The Oakland County Cooperative Extension parent aides vary considerably in their assessment of an ideal time, with a majority stipulating that between six months and two years would probably be the best.

When asked for any suggestions to improve the parent aide program some differences also arose. Of the Grand Rapids Child Guidance aides, 62 percent have no suggestions for improvements.

TABLE 40

PARENT AIDE ATTITUDE--
AGENCY SUPPORT

1. Response to: How would you rate the support available to you by the agency in case of problems with your family:

	Excellent		Good		Average		Fair		Poor	
	N	%	N	%	N	%	N	%	N	%
Genesee County D.S.S.	4	50	3	38	--	0	1	13	--	0
Grand Rapids Child Guidance Clinic	9	100	--	0	--	0	--	0	--	0
Oakland County Cooperative Extension	1	14	4	57	2	29	--	0	--	0
Total	14	58	7	29	2	8	1	4	0	

---

2. Response to: How would you rate the Protective Services worker's support to you in working with your family?

	Excellent		Good		Average		Fair		Poor	
	N	%	N	%	N	%	N	%	N	%
Genesee County D.S.S.	4	57	3	43	--	0	--	0	--	0
Grand Rapids Child Guidance Clinic	3	33	1	11	2	22	2	22	1	11
Oakland County Cooperative Extension	4	57	1	14	1	14	--	0	1	14
Total	11	48	5	20	3	13	2	9	2	9

TABLE 41

Parent Aide Interview (Phase III)

Response to: Do you have any suggestions to improve the parent aide program?

	Agency							
	Oakland County Cooperative Extension		Genesee County D.S.S.		Grand Rapids Child Guidance Clinic		TOTAL	
Response	Frequency	%	Freq.	%	Frequency	%	Freq.	%
Tng. manual	1	14	0		0		1	4.3
More training	1	14	1	12.5	0		2	8.7
More info.	2	29	3	37.5	0		5	21.7
Group interaction for aides	1	14	0		2	25	3	4.3
More support from pros	1	14	1	12.5	0		2	8.7
None	0	0	0		5	62.5	5	21.7
Miscellaneous	1	14	3	37.5	1	12.5	5	21.7

The suggestions from Genesee County and Oakland County were fairly similar, for example the need for more training, more information about families, more support from professionals and other miscellaneous items. (See Table 41.)

Agency Evaluation
Genesee County Department of Social Services

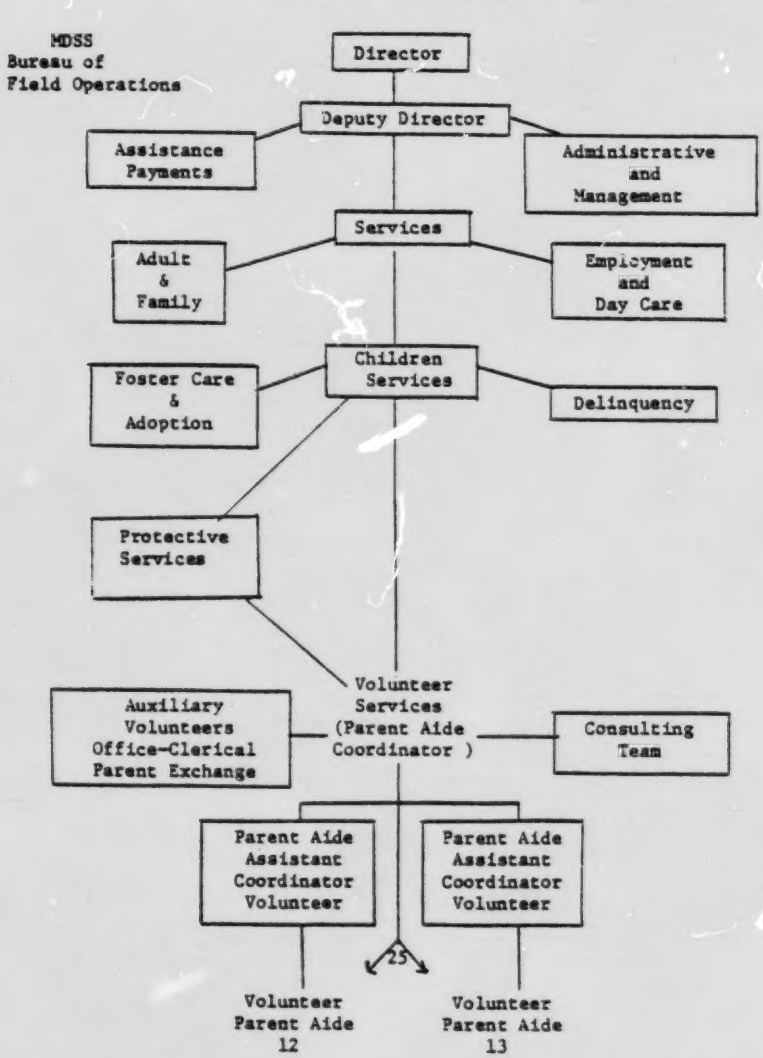
Philosophy and Organization

The Genesee County Department of Social Services, Volunteer Services Division has long been interested in the area of parent aides. A small program of parent aides was initiated in 1975. Funding, however, did not occur until May, 1977. Funding enabled the program to provide additional support services in terms of training and reimbursement for volunteers as well as additional consultants for the program. Genesee County defines the parent aide primarily as "an instrument of change;" the volunteer is thereby described as a human being, professional and friend. The motto of the agency, which is expressed in much of their literature and posters, is "Love a Parent, Help a Child."

Organizationally, the parent aide program falls within the volunteer services of the children's services division, directly under Protective Services. See the attached organizational chart. The project coordinator is assisted in her role by a para-professional staff and other volunteers. Additionally, the parent aide is assisted in her role via a private consulting agency, Robert Ennis and Associates. This agency provides weekly training sessions

FIGURE 7

GENESSEE COUNTY DEPARTMENT OF SOCIAL SERVICES



for parent aides as well as consultation in terms of matching or problems encountered during the relationship of the family-parent aide. The entire parent aide program is directly attached to the Protective Services division, Department of Social Services. The keynote of this program and the focus of the coordinator is that of producing a program with a variety of support systems to build and strengthen the volunteers and reward them for their work. Consequently, a great deal of attention is paid to producing a high quality product in terms of media, training, recognition, and other aspects related to the program.

Recruitment, Selection, and Referral Process

Recruitment for the parent aide program is conducted once a year, usually in the winter. The last recruitment session was publicized in the newspaper, radio, and received television coverage during the day of the activity. A very attractive restaraunt was chosen as the site for the all information session regarding parent aides. Films, speakers, and lunch were included. As a result of this session, thirteen new parent aides were recruited.

Potential parent aides were presented with a variety of materials (see supplemental book) which describe their role, their responsibilities, and expectations. Parent aides and Protective Services workers were present to describe the role of the parent aide. Following the one day session, additional individual meetings were established for the parent aide coordinator to meet the potential volunteer. During the screeening process a Parenting Potential

Test is given to the individuals involved. This test was developed by the coordinator and Steve Walker, former coordinator for Flint School's Parent Education Program to assist in making the selections. The project coordinator feels that this aspect of the selection of the parent aide is the most crucial of her responsibilities. The potential parent aide is then channeled into a twelve hour general agency orientation as well as group in-service meetings.

Individual Protective Services workers send referrals to the project coordinator who may consult with the Ennis team in order to determine the most appropriate match. The family may also be seen by the Ennis group prior to the assignment of a parent aide, if this is felt to be necessary. The parent aide is then given the family history and assessment of a potential match at which time he/she decides whether to accept or reject that match. The parent aide is directly supervised by the Protective Services worker at this point who directs and coordinates the planning and goals for the activities involved for the family. The parent aide coordinator plays a supportive role within this relationship, and the consulting team a more direct one via its discussion in group meetings. Regular bi-monthly meetings are held between the Protective Services worker and the parent aide to review the progress of the family and maintain open communications. The time of termination is jointly determined by the Protective Services case worker, the parent aide coordinator and the consulting team.

Training and Support

Much emphasis has been placed within this parent aide program on its training component. The highest portion of the budget has been allocated to this aspect of supportive service to the parent aide. The bulk of training and inservice of parent aides has been conducted by Ennis and Associates. Two hour weekly sessions are offered, one group in the morning and one in the evening. The group sessions involved usually staffing of one individual case in order to report to the Protective Services worker, its progress and then a variety of group and individual concerns are aired. The meetings may be considered a mixture of an academic seminar and a therapy session. The two sessions attended by the project coordinator consisted of discussions in the area of self-awareness, individual parent aide values, clarification of roles of the parent aide and Protective Services workers, and specific diagnostic clarification of individual behaviors of the families with whom the parent aides were working. The sessions were fairly informal in format and the individual conducting the sessions appeared to provide the parent aides with a great deal of warmth and emotional support in the work that they were doing with their families as well as within their individual lives. On several occasions individuals expressed personal problems which were responded to both by the leader and the other participants. A decision has been made that for the coming year more structure would be incorporated within the training sessions, i.e., specific

topics discussed on one week, individual cases on another week, community speakers on alternative weeks, etc.

An additional support service directed by the parent aide coordinator, and required for volunteers, is the monthly meeting of the parent aides and project coordinator to complete the appropriate financial forms and reports on case activity. Additionally, training is incorporated in the form of discussion on a particular chapter of a book that has been read by all, viewing a film, or discussing other aspects of child abuse and neglect.

Additional support services are also available. If problems occur within the case, the parent aide may request assistance, at which time the parent aide coordinator may call in additional diagnostic services, training services, or other appropriate personnel to assist. Parent aides are also offered other opportunities to participate within the program in leadership positions. The parent aide program, as an off-shoot, established a volunteer group "Parent Exchange - Community Volunteers in Support of Better Parenting" and has begun to publish a monthly newsletter called "Project Parent Exchange." This is sent to a wide variety of people in the community as an impetus to involve the community and provides the program an opportunity to do fund raising to provide additional services to the families being helped by the parent aide. Attention is given to high quality production and, in fact, its logo won a national award. The newsletter is organized and published by a parent aide with the support of a parent aide coordinator. Activities such as the

sale of t-shirts, a raffle, and other activities sponsored by Project Parent Exchange, have served to earn additional monies for activities within the program.

The project coordinator's emphasis on providing support to participating parent aides can also be demonstrated in the recognition given to parent aides within the program. An annual meeting is usually held in a facility such as the Sheridan Hotel where the aides are given a dinner with some type of entertainment and in which community leaders are invited to participate in recognition of the work the parent aides do. Furthermore, because of the coordinator's concern to continue to interest and stimulate volunteers, she had developed a new program for the coming year in which senior parent aides will receive specialized training in particular aspects and become specialists in areas dealing with mental health, public health or school problems. These parent aides would be seen as consultants to the program and work extensively with professionals within the corresponding agencies.

Budget

The budget of the parent aide program demonstrates the program's emphasis on supportive services for the parent aides. The bulk of the monies involved in the program are for the parent aide stipend, consultation and training. Although expenditures in this area are quite high compared to other programs, the difference can also be seen within the parent aide attitudes itself. See Table 39 in which Genesee County Department of Social Services

TABLE 42

PARENT AIDE BUDGETS

Item	Genesee County D.S.S.	Grand Rapids Child Guidance	Oakland County Cooperative Extension
Budget Year	1-1-79 to 12-31-79	10-1-78 to 9-30-79	1-1-79 to 12-31-79
Funding Source	Purchase of Service	Child Care Fund	Purchase of Service
Salaries-- Project Coordinator Support Staff Secretary	 3/4 time $17,977.68 Full time $11,087.28 --	 Full time $21,780 1/4 time 5,850 1/2 time 5,240	 3/4 time $12,038.00 -- 1/2 time 5,072.86
Fringe Benefits	22.9% = 4,992	19% = 6,270	36.05% = 6,168.46
Administrative Cost	5% of salary = 1,453.24	6.9% overall agency budget = 6,849	14.2% salaries = 2,416.05
Occupancy	2,035.00	1,450	Included above
Communications Telephone & Postage	964	900	1,970
Supplies (including printing)	1,097	785	635
Equipment	833	570	500
Local Transportation (staff)	55.35	included below	1,550.40
Parent Aide Travel/stipend	14,400 $50/mo.	5,135 .17/mi.	4,500 $15/mo.

TABLE 42 (cont'd)

PARENT AIDE BUDGETS (continued)

Item	Genesee County D.S.S.	Grand Rapids Child Guidance	Oakland County Cooperative Extension
Contractual Service:			
Psychiatric Service/ Consultation	4,000	2,875	---
Training	12,000	---	350
Accounting	---	500	---
Recruitment	224	---	435
Miscellaneous:			
Volunteer Assistant Expenses	2,094	---	---
Conference	658	200	100
Membership Dues and Subscriptions	55	65	---
Insurance	75	655	---
Recognition	1,200	---	220
PA/Family Activity	700	---	30
TOTAL	$69,869.55	$59,124	$35,985.77
Number Service Units	24	25	30
Rate per unit of service per year	2,911.23	2,364.96	$ 1,199.52

parent aides were highly satisfied with the amount of training that they received as compared to the other two sites. Their attendance was also much higher in terms of the overall program. Although these three areas have fairly high cost, other areas, compared to corresponding programs, are lower. The program utilizes the services of volunteer parent aides who provides a variety of functions, including secretarial work which results in substantial savings to the overall program.

Program Constraints

One of the difficulties with such a sophisticated model is that a rather large number of people are involved in providing service to a family. Conseqeuntly, much of the coordinator's time throughout the year is involved in clarifying roles. Parent aides may have concerns about Protective Services workers' functions, Protective Services workers may have concerns about the role of the Ennis multidisciplinary team, and questions may arise as to responsibilities between the project coordinator and the consulting agency. Recognition of this factor, however, does exist; consequently the monthly Protective Services-parent aide meetings are held. These, however, are not always well attended. Recent meetings with the Ennis agency and Protective Services and parent aides have resulted in a more structured clarification of roles and responsibilities.

Another constraint within the program is the lack of autonomy of the coordinator in terms of budget items and personnel. Because

she is a part of a large bureaucracy, frequent snags and delays occur in terms of securing needed items. For example, the program initially involved a senior parent aide as supervisor to go to families' homes upon referral and discussing the parent aide program with them. At that time the supervisor was able to take toys or household goods for the mother with whom she was speaking. However, due to problems in providing payment to the stores where these items were purchased, this aspect of the program has been deleted. The program also does not have a very high priority within the agency itself, other than as an adjunct to the Protective Services program which does.

Program Aspirations

Ideal goals for this project would consist of being able to broaden the scope of the program and become truly involved in prevention. That would mean that referrals would come from any source within the community as opposed to being restricted to open Protective Services cases. Another aspiration for the program would be to broaden its community base, in that a public agency often does not have a lot of public support. The program coordinator will be making a concerted effort to include influential leaders of the community in a special meeting in order to discuss the prevention of child abuse and neglect and programming needed. A third goal would be the organization of a statewide parent aide organization to give wide visibility to the efforts of volunteers and the needs of the families. More specific objectives for the

year will be to provide more structure within the inservice training program. It is also hoped that with budgetary constraints within the Department of Social Services that the program will receive the same funding as it has in the past.

Project Coordinator's Assessment

This program is a unique one for the Department of Social Services. Not constrained by already established models, the parent aide coordinator has been able to devote her substantial energies to innovative methods. Through the prioritizing of parent aide supports, the program has avoided the "burn out" problem so frequent in work with Protective Service families. The open intake process has resulted in the referral and service of highly disturbed families. Although some of these parents were not helped, our study indicates that several of these families were substantially affected and did improve. It would seem particularly appropriate that this agency serve these "high risk" families as compared to the other two agencies which are more vulnerable to the impact of potential failures of individual parent aide-family match.

The sophistication and complexity of this model coupled with the creativity of the coordinator probably would make it difficult to replicate easily at other sites in its entirety. Perhaps the most critical aspect is that of the necessity of expenditure in parent aide supports, enabling the recruitment, maintenance and growth of a parent aide population willing to tackle a very difficult family and remain in the program. The program has also been very successful

in the attraction of minority and working-class volunteers. A very distinct and important feature as well is the incorporation of former clients in an opportunity to give as well as having been past recipients.

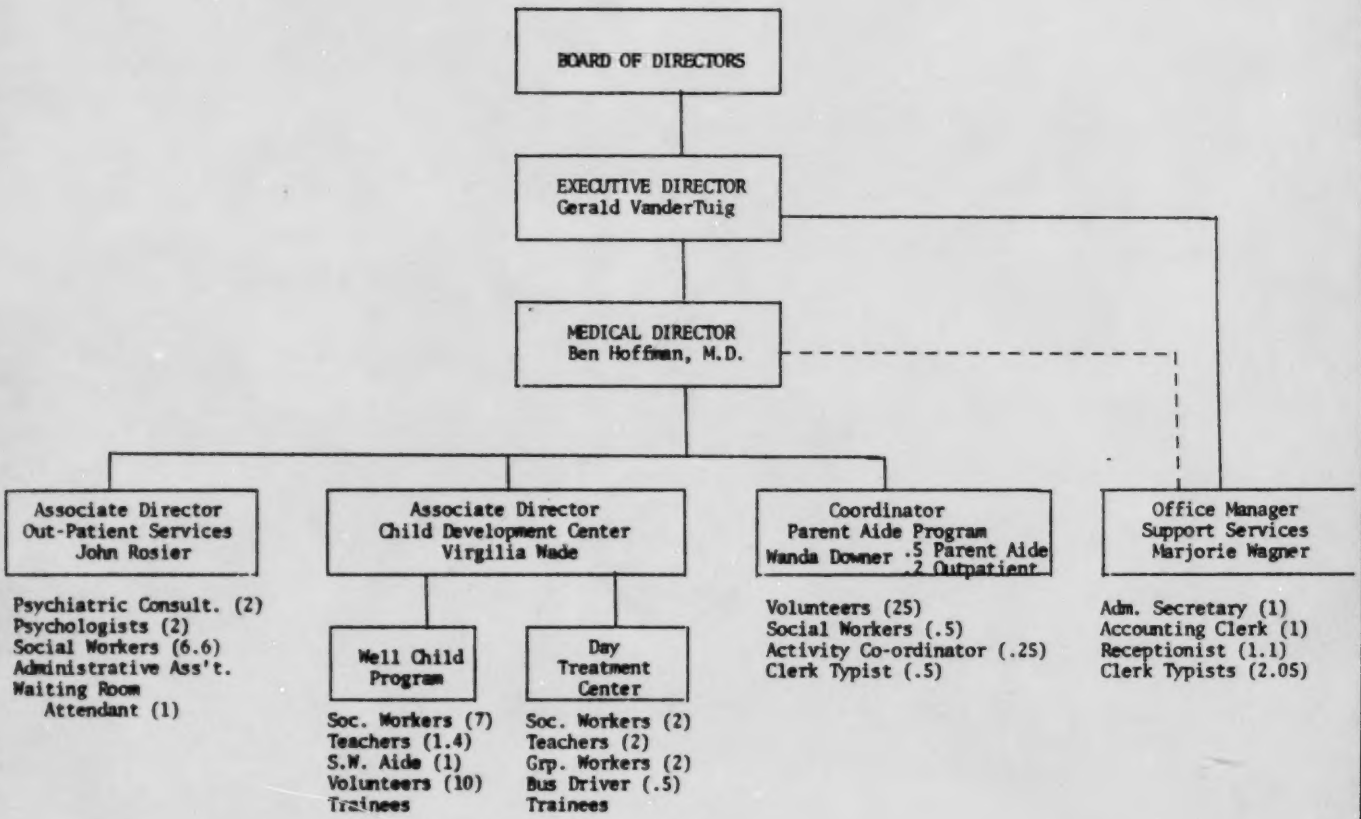
Grand Rapids Child Guidance Clinic

The Grand Rapids Child Guidance Clinic is a small non-profit child welfare agency affiliated with mental health and community services within the Grand Rapids community. The parent aide program within this agency is one of the oldest in the state. It was initiated in 1974 in conjunction with SCAN which is an association in the Grand Rapids community to prevent child abuse and neglect via educational efforts. The program was funded by the Department of Social Services in November, 1976, and is purchased from the agency via the child care fund. Although this agency does not specifically offer a definition of what a parent aide is, it does state that what parent aides have in common is certain specific qualities which enable them to function effectively in their roles as a friend to a parent who has abused or neglected a child or has potential for doing so. The agency makes it very clear that the focus of the relationship of the parent aide-parent is upon the needs of the parent and not those of the children.

The parent aide coordinator within this agency assumes a one-half time position. An additional one-fifth of her time is

FIGURE 8

Grand Rapids Child Guidance Clinic
1101 Ball Ave., N.E.
Grand Rapids, Michigan 49505



devoted within the agency to direct therapy. The project coordinator is responsible for planning and directing the overall program, recruiting, providing consultation to other agencies in the area of child abuse and neglect, and supervising her two professional staff members as well as the volunteers. She is supervised by the medical director of the agency, but operates in an autonomous manner. Two other staff members are also employed within the program. A one-half time social worker who assists in group supervision, recruitment, matching, training and other responsibilities. There is also an activities coordinator who is responsible for fund raising efforts, planning and organizing group meetings, such as Christmas parties and family outings, and with this coming year, will also be involved with being responsible for the establishment of training programs. She is also in the process of developing a monthly parent aide newsletter. The program also employs a one-half time secretary.

Recruitment and Selection

The agency sponsors recruitment drives twice a year, once in the fall and again in January. Their efforts in the fall of this year were more successful than in the winter which resulted in their recruiting an additional fourteen new parent aides with eleven new parent aides being recruited in the fall. The agency utilizes a variety of media techniques in their recruitment drives such as the press, the radio and occasionally, television. They have often discovered, however, that their best source of recruitment is other

parent aides themselves. The recruitment process consists of an informational meeting held in the evenings at the agency. Both the parent aide coordinator and staff from SCAN conduct the meeting in which they describe the problem of neglect and abuse, show a film, and describe specific activities involved with each of their programs. People, if interested in being either a speaker for the SCAN Speakers' Bureau or a parent aide, sign up at the end of the evening for individual meetings with the parent aide coordinator or her assistant. Following that, six additional training sessions are offered prior to the match with a family. Following the completion of the orientation training, the parent aide is taken to the selected family's home by the Protective Services worker who introduces her to the family.

The selection of families to be matched with the appropriate parent aides is made either by the parent aide coordinator or occasionally by the team of the three professional staff members. The agency does include within their population families who are potential abusers or neglecters as well as those who are current open Protective Services cases. Some families are found inappropriate for referral by this agency due to lack of motivation, severe psychosis, or a combination of other factors that would make them inappropriate. The program emphasizes that the primary role of the parent aide is to be a friend as well as to be available and to make at least a one year commitment.

Training and Support Services

Twenty hours of training is mandatory for all potential parent aides. The training consists of a variety of information. (See supplemental manual.) Resource people are included in the training such as experienced parent aides, Protective Services workers and professional SCAN staff. The content of the training, in addition to focusing on the roles of the various participants in the process, includes self-awareness exercises, a brief introduction to transactional analysis and some discussion of appropriate methodology to use in a variety of situations. Handout material which is utilized concentrates primarily on communications skills, i.e., listening and feedback, as well as general information on the problems of abuse and neglect.

The new training program begun in Fall 1979 is distinctive from the past. At this time, parent aides are trained separately from those in the speaker's bureau. Training consists of orientation, 10-11 hours of empathy training and four hours of problem solving. Experienced parent aides also are involved.

Following completion of the program, parent aides are assigned to a group for supervision. Two day groups and two evening groups are available in order to accommodate the various schedule of parent aides. Group sessions are held bi-weekly and consist of approximately six or seven parent aides and the project coordinator or the assistant project coordinator. Parent aides report on progress with their families and have opportunities to share experiences and suggestions for intervention. The group leader, the parent aide coordinator,

acts primarily as facilitator of group process as well as a resource person in terms of suggesting linkages with a variety of community agencies. This agency is very much linked to a variety of other social services within the Grand Rapids community. It contains internal resources in terms of child and family therapy which occasionally families participating in the parent aide program also receive. A day care center offering therapeutic environment for children and parents is also available within the agency and may sometimes be utilized by the families within this program. The agency's medical director, a psychiatrist, is also occasionally consulted by the parent aide coordinator on an as-needed basis.

The person involved as an activities coordinator, for the first time this year, was very active throughout the year in planning activities for both parent aides and families. A Christmas party and picnic were planned which were heavily attended by both parent aides and families and very popular. This can be seen in the response by the Grand Rapids families to the query, "What was the most fun of the year?", in which a large majority answered the group activities. This agency has also been quite successful in fund raising within the community. Over $1,200 was donated to the parent aide program from a variety of sources - individuals, including some parent aides, groups such as Child Study Club, real estate companies, and others acquainted with the program. These donations enabled the parent aide program to assist in getting money for Christmas presents for the families as well as funding

both the Christmas party and the picnic. Merchants also donated food and beverage for both parties. Parent aides are also given support financially in terms of being reimbursed for mileage and expenses. However, many of the parent aides returned this money to the program stating that they do not need it and that they would rather that the parent aide program utilize it for other activities. The three staff members involved with the program alternate days in which they are in the agency, consequently someone is always available to assist parent aides in the event of a crisis. The agency also holds an annual recognition meeting in which the parent aides are publicly thanked.

Budget

The program's budget is of a moderate range in which the predominance of the allocations is for staff salary and psychiatric service for consultation. One of the problems for the agency has been the allocation of a one-half time secretary. The program feels that this is insufficient funding to allow for the large amount of paper work required. Little actual money is expended in the training area since all training is done by the parent aide staff itself. Negotiations currently are proceeding in terms of purchasing a training package on empathy for the training session next year. As mentioned previously, donated funds and services also serve to increase the number of activities and support services available which are not actually purchased via the child care fund.

Program Constraints

The largest problem for this particular program, and one of central concern to the two other parent aides programs, is that of locating a funding source which will enable this agency to continue its preventative function of providing parent aides to families who are potential risks, as opposed to being actually open protective services cases. The flexibility of being able to accept referrals from any community agency as well as the Department of Social Services has been an important strength and emphasis within this program. Another crucial issue for these families is the amount of time Protective Services allows the parent aide to continue working with the family. This agency has, in the past, been able to establish the precedent of allowing the parent aide to continue working with the family as long as needed. However, various funding sources, including the child care fund, put severe restrictions on the type of client that the agency may accept and the amount of time that the agency may work with the family. This program, as well as the other two parent aide programs, endorses the principles upon which it has been operating for the last several years, i.e., service based on the need of the client. Due to the limitations being placed on it by the child care fund, i.e., the child care fund specifies service to only those families who are in risk of having the child placed outside of the home, the parent aide program is hunting for additional, or other types of potential funding. Grants, mental health funding, and possibly other sources will be sought.

Another program constraint, as seen by the staff, is that of the large amount of paper work required for the program. Quarterly progress reports from the parent aides are a necessary part of the funding program as well as additional reporting established by a project aide coordinator. This is an aspect that had not been a part of the program previously, and one in which there has not been prior emphasis. Clerical time shortage, as well, has contributed to this; consequently, cases within this agency will not have as up-to-date reporting as required by the purchasing agency, unlike the two other parent aide programs, who have had to require such reporting from their inception.

Another problem for this agency has been in the lack of referrals from the Kent County Department of Social Services. Referrals are frequently slow, and not numerous. This, in fact, created a slower starting date in this research site as compared to the other two. An issue of concern by the Kent County Department of Social Services liaison staff was the lack of minority parent aides as a reason for lack of referrals. However, in the random sample study in terms of demographic data, the study project coordinator was unable to substantiate the need for many black parent aides, due to the fact that there are indeed, few black families active in Protective Services case loads. Although the Department of Social Services has expressed satisfaction in terms of the results of the parent aide program, their explanation of lack of referrals is that there are many alternative services available within the community

to which they also refer their families. This creates an air of uncertainty for the Grand Rapids Child Guidance Clinic, since it cannot plan nor predict the number of referrals that would be received from the department that would actually fall within the classificaion stipulated by the child care fund.

Program Aspirations

The primary goal of this program would be to improve the funding source to enable it to provide the preventive function for which it was developed. Consistent with this goal is the possible development of a program of infant intervention which would utilize parent aides to help with young mothers at risk. The program also hopes to increase the number of black parent aides recruited as well as to provide more substantial training, and more variety in the types of recognition to parent aides. The staff would also like to do and plan more activities such as the Christmas party and picnic which were a source of great satisfaction for those participating, and to many families, the very first time that they had actually been involved in a group activity of that nature. They also hope to expand their newsletter and to make it available bi-monthly and to develop a series of brochures describing their program for the purpose of recruitment of more parent aides.

Project Coordinator's Assessment

This program, compared to the other two, has exhibited the most stability of the three programs. It is rooted in the traditional -

social work profession, with an emphasis on professional selection of volunteers, the match of the parent aide with the volunteers, and the interpretations of problems and the referral to the appropriate agencies. It makes extensive use of other communities' agencies and has earned respect within the community. Unfortunately the focus of this study did not allow it to follow beyond one year the status and progress of parent aides and families. However, due to the strong feelings of not only parent aides and families across all programs (see Tables 24 and 38), as well as the other parent aides programs, it would seem to be of great interest to provide a follow-up study of a more longitudinal nature in order to follow family parent aide combinations over a longer period of time, two to three years. It has been the agency's experience that with the more difficult families it is well beyond the first year before much progress can be noted.

Parent aides within this program received support in being associated with professionals who are available at all times, as well as status in being associated with an agency of high standing within the community. The addition of more training, as planned by the agency, will no doubt add an additional strengthening component to the program, as well as provide more satisfaction to the parent aides. The funding problems exhibited by this agency perhaps cannot be tackled on a local level. Perhaps the most successful method, but most time consuming, will be to tackle this on a statewide basis, in order to secure a uniform type of funding for all parent aide programs.

Oakland County Cooperative Extension

Philosophy and Organization

The parent aide program within the Oakland County Cooperative Extension is a very recent one. It is located within the family living area of the agency and has only been in existence since 1977. Its purpose is to provide education to families in everyday living skills as well as to offer friendship to families who abuse and neglect their children. The focus of this agency in all of the services available is one of education in areas as diverse as agriculture, 4-H, energy utilization, and nutrition. The agency is funded by a variety of sources including federal, state and local monies. It is accountable to the Oakland Board of Commissioners and Michigan State University and the parent aide program is required to operate under goals and objectives which are submitted to the board of commissioners on a quarterly basis. This parent aide program, unlike the other two programs, also includes one and a half time paid parent aides. However, in order to make comparison across agencies, only the volunteer aspects of the program were studied. The parent aide coordinator with Cooperative Extension is a three-quarter time position devoted to volunteers, and one-quarter time to salary and family living aides with a one-half time secretary. A graduate student internship was utilized the previous year to provide some supplemental staffing. Half way through the study, the parent aide coordinator was given a promotion to the level of supervisor, Extension Home Economist. The former

FIGURE 9

OAKLAND COUNTY CO-OPERATIVE EXTENSION

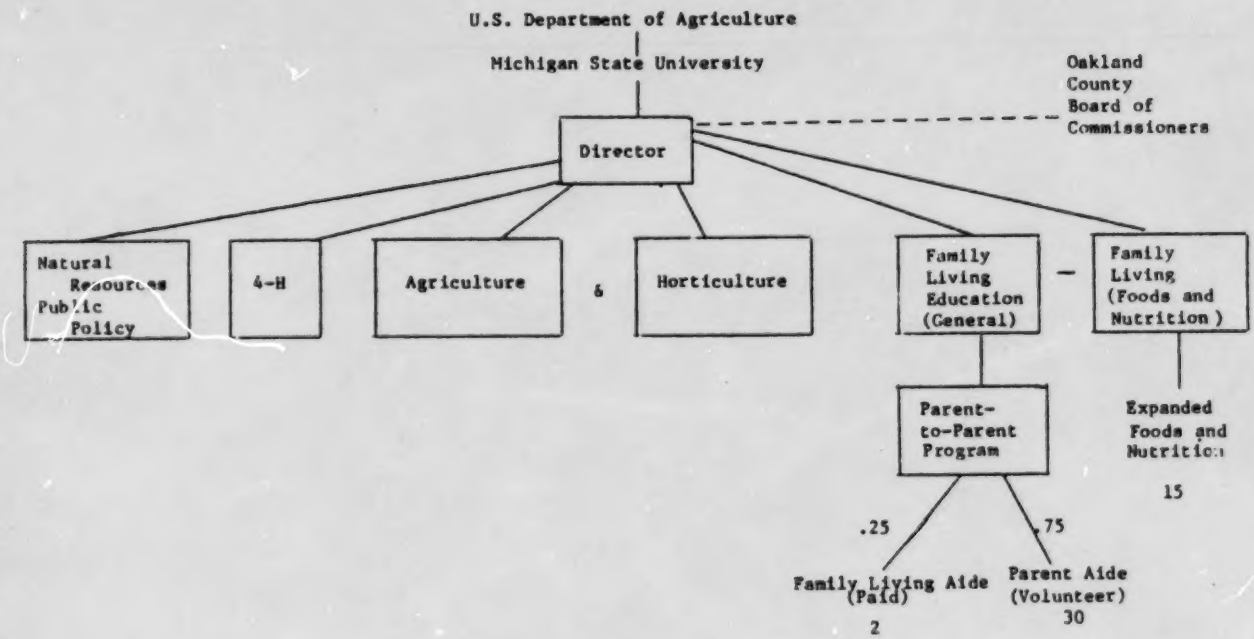
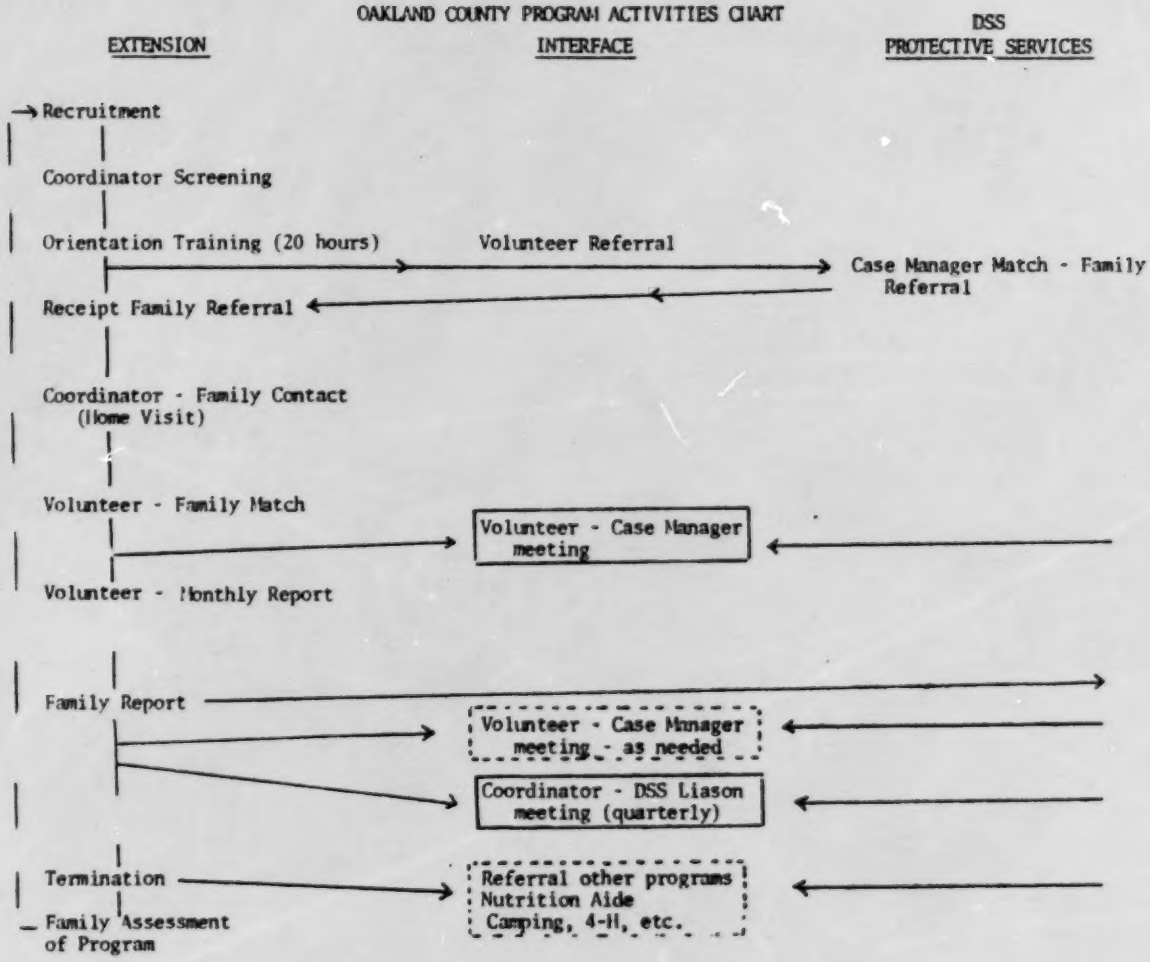


FIGURE 10

OAKLAND COUNTY PROGRAM ACTIVITIES CHART



position, that of parent aide coordinator, was not filled until the end of the study period; consequently she, during the last seven months of the study, filled both functions. The addition of this type of outreach program to families not traditionally considered a part of cooperative extension has provided in many ways a "new identity" to this agency. The emphasis, throughout the program, is one of training volunteers and families in the area of practical living skills via the techniques of modeling, demonstrating and reteaching.

Recruitment and Selection

The parent aide program, utilizing a variety of media, has two recruitment drives during the year, fall and winter. During the study period, a larger group was recruited in the fall. Prior to acceptance within the program, initial training is given to potential volunteers. Twenty hours of training is presented. It is offered at local sites since Oakland County is a large area, and at different times, in order to accommodate the needs of the volunteers. A formal training package has been developed which includes such areas of emphasis as empathy training, roles of parent aides and Protective Services workers, human development, child growth and development, information about the nature of neglect and abuse, and specific concrete information about community services and resources within the cooperative extension agency itself. These later training components, nutrition, home management, decision making, and ADC budgeting, are unique to this agency. (See supplemental manual.)

Additionally, this agency does have a Protective Services parent who has worked with a parent aide come and discuss her situation with potential volunteers. Additionally, experienced parent aides share their experiences and role with families. Following the original orientation training, the parent aide coordinator sends a description of the volunteers available to the Protective Services workers. The workers have the option to request from the list at the time they send the referral. They in turn match their families with the description of the volunteers and send a referral back to the coordinator. The coordinator then makes a home call to the family referred in order to decide the best possible match. This agency has rarely refused any referrals. The primary problem has been in not having sufficient numbers of volunteers to meet the needs of the referrals. Following the match of a parent aide volunteer to the family, the volunteer and case manager may meet and discuss the case. Prior to placement with a family, a paid parent aide is available to take the volunteer parent aide out on visits in order to provide on-site training and insight. Following the match of the family and the parent aide, the parent aide provides a monthly report to the parent aide coordinator who forwards them to the Protective Services worker. The parent aide coordinator is available to the parent aide on an as-needed basis. Also, monthly training sessions are offered which consist of speakers, discussion of problems, group concerns and group supervision. The parent aides are involved in a determination of what the yearly agenda

will be and what their needs are in reference to ongoing training. Some part of each training session, however, is usually devoted to some new information in regarding community resources or support services both by the coordinator and the parent aides themselves.

Within this agency, service is purchased by the Oakland County Department of Social Services generally on a six month basis. It has been a matter of concern to the program that many families appear to need additional help beyond the six month period, but that the Department of Social Services generally will close a case at that point and no funding will be available for the continuation of the program.

Training and Support Services

As previously discussed, twenty hours of orientation training is available to all new parent aides and an additional two and one-half hours monthly is provided. A certificate of recognition is given to volunteers completing the twenty-hour orientation. A variety of training resources are utilized within this context. The Oakland County Cooperative Extension program is affiliated with Michigan State University, and frequently, faculty members are called to provide special training services. Special sessions during the study period included a workshop by Dr. Ray Helfer, a national expert on child abuse, and an empathy training session by Dr. Gene Peisner, an expert in child development. Additional training resources are available; a nutritionist came to discuss a variety of menu planning and nutritional concerns in working

with families. Other ongoing training programs available through the general agency are also added as supplemental training, for example, cluster training which included financial planning, gardening, assertiveness training and energy conservation.

Additional support services from the agency would include specialists in terms of clothing, services available through 4-H including a special camping program for the children, and a wide variety of printed bulletins and materials on daily living.

Budget

This agency compared to the other two can be viewed as operating on "a shoe string." In comparison with the other agencies, the parent aide stipend of $15.00 a month to reimburse volunteers for mileage is minimal. No money is available for consultation or diagnostic services. Due to the fact that there is insufficient staff for fund raising or the securing of additional revenue, there is also very little funding available for family-parent aide activities. It does have, nevertheless, a variety of resources available to it such as the extension personnel staff which do not show up in a normal budget.

The agency also has some concerns regarding the methodology of its current funding. The matter of unit pricing in which the program is paid, per unit of service, results in the fact that if the agency is overpaid, they must return the money to the Department of Social Services. However, if they expend more money than they predicted in their contract, the Department of Social Services

will not make up for the loss and it is highly questionable as to whether they would be able to receive the supplemental money from the county, if they fell short of meeting their expenses. At the present time there is no precedence to determine what will occur in this event.

Program Constraints

Currently, the two primary concerns of this agency are shared by its two counterparts: that of the necessity of accepting only Protective Services families, rather than being able to provide the service to anyone who needs it, and the limited amount of time in which the parent aide is able to work with the family despite ongoing needs following the termination of the case.

Another problem for the agency this year was the lack of staffing in the parent aide program since the parent aide coordinator, for a period of six months, had to fill two positions. Consequently, she was not able to provide as much direct support of service to the parent aides as would have been desirable.

Another area of concern, however, was that of increasing volunteer and Protective Services worker communication so that it would occur on a regular basis. The current procedure consists of the regular report sent by the parent aide to the Protective Services workers and occasional telephone calls. However, the program sees that it would be more desirable to have regular contacts established with a joint input mechanism available. Issues such as whether or not a family is eligible to receive

other Protective Services, purchased service as well as a parent aide service, also needs to be clarified.

Program Aspirations

Immediate goals for the coming year would include involving Protective Services workers more in the direct program in terms of parent aide worker contact and inclusion within more training programs. This agency also hopes to become more active in offering a variety of volunteer roles to the parent aide and the establishment of senior parent aides who would assist in training and orientation of new volunteers. The development of an advisory board, a parent aide newsletter, and linking in with other experienced volunteer groups in the community are also related goals. The program also hopes to develop more community support and awareness of the activities within the parent aide program and the need to provide preventive programs in the area of child abuse and neglect.

Project Coordinator's Assessment

The entry of this agency into a relatively new area and their progress in a fairly short period of time is impressive. The comprehensive training of their practical training and support to parent aides, given rather severe restrictions in staff and funding, is certainly exemplary.

The commitment to the expansion of the cooperative extension family education approach to neglecting and abusive families has many exciting possibilities for a new joint emphasis between public programs.

The six month time limitation in this county is a very serious concern of the project coordinator. Of the original eight families included in the study, only two parents clearly did not need additional parent aide support. All cases, nevertheless, were closed. Several of the families did improve in overall functioning but would appear to benefit from a longer relationship.

Chapter IV: CONCLUSIONS AND DISCUSSION

In presenting the major findings of this study the reader is cautioned to realize that a very small number of programs and families were involved in this study. The three programs studied are perhaps representative of other established programs in the state. They illustrate three different administrative structures typically found in parent aide programs. The families studied represent a cross section of all such families that were brought into the program during one short period of time in the summer of 1978. Because of the small number of families involved and the wide variation in their "presenting state," however, caution needs to be directed to these results. It is not being suggested that these families were different or that the study affected them in unique ways. It is merely suggested that only a small number were involved and their involvement varied greatly, therefore these measures may have revealed different results with other groups of families. Replication of this study is needed to verify these findings.

What is a typical protective services family like that is assigned to a parent aide?

A typical protective services family assigned to a parent aide has a female head in the late twenties with three children and is probably single or divorced. She has completed ten years of schooling and has approximately four or five major problems affecting the

family and its ability to cope with children. As judged by the protective services worker, the parents (one or both if present) lack basic parenting skills but usually do not have major health, police or substance abuse problems. The parent is probably at-risk to commit child abuse based on (her) early upbringing and is presently exhibiting signs of neglect or abuse. The behaviors in need of most change are family interactions; supervision, control or discipline of children; and social integration with others.

Did families change over the period of working with a parent aide?

As measured by various means, families' behaviors changed over the period of time with a parent aide.

- Families began spending more time with their children and in activities outside the home.
- More families recognized a need to seek help and families shifted from requesting help from formal systems such as agencies to requesting help from informal systems such as friends and neighbors.
- Families generally showed positive change on measures of family functioning with specific changes related to program specific attributes. The Oakland County Cooperative Extension group showed more growth in parenting skills than other groups while family bonding improved in the Genesee and Grand Rapids groups more than for the Oakland group. All groups showed positive change in self image as rated by others but no change as measured by a self administered test.

- Overall quality of parental functioning improved from four to six percent with all sites reporting positive change. The categories showing the greatest improvement were nutrition and health; supervision, control and discipline; and family interaction. Site specific differences were noted with Grand Rapids and Oakland showing 13 percent and 17 percent increases in child development activities; Genesee and Oakland showing eight percent and ten percent increases in nutrition and health; and Genesee showing nine percent increases in supervision, control and discipline and family interaction. Household maintenance showed negative change in all sites but Oakland County.
- No clear cut pattern of change over time is observable as some clients showed steady growth throughout the time period while others showed rapid initial gains with leveling or even loss during the second time period of the study.
- Families were extremely optimistic (perhaps even unrealistic) for the future, rating the quality of their future lives twice as high as their present lives, with their present lives only slightly better than the past. These ratings were modified slightly over the period of the study to reflect a slightly less optimistic view of the past and future but with a better feeling about the present.

What were families impressions of the parent aide program?

Families were generally satisfied with the parent aide program and seemed to have positive relationships with their aides. Families

look to parent aides as friends and helpers, someone they can talk to and turn to for help. This was especially evident in the eco-map technique where families viewed their relationship with the parent aide as being reciprocal and satisfying.

Who is a parent aide?

Parent aides are residents of a community with no special prerequisites but with an interest and commitment to help others. They volunteer 4 to 32 hours per month to the program and receive training and a small stipend to cover transportation and incidental expenses associated with the program.

A typical parent aide would be a married female in her late thirties or early forties with two to three children and almost two years of prior volunteer experience. She would have had at least two years of schooling beyond high school, would perceive her life as being pretty good and would have a rather high self concept. Her empathy skills would be comparable to a typical professional and effective communication skills are emphasized in training and practice. Parent aides perceive their role to be a friend, listener and helper. They spend approximately two hours per visit with their assigned families doing a variety of things such as talking, shopping, running errands and taking part in recreation.

Parent aides perceive that their families expect them to be friends and to be available when needed for support, advice or service. Parent aides' perceptions of their agency's expectations

vary by site. Grand Rapids and Oakland aides perceive more of an emphasis on maintaining friendship and regular contact than Genesee aides who perceive being a helper (i.e., provide services) and participating in the meetings and doing paper work as being important.

What do parent aides get out of being aides?

Parent aides look upon their role as having an educational value contributing to their own personal development. The majority of aides feel their work has had a positive impact on their lives. Three out of four aides note that their own families look upon their work as being positive.

What are parent aides' reactions to the programs?

Over time, parent aides relate that they spend less time with their families but they almost unanimously agree that the period of assignment to a family should be flexible or unlimited to facilitate the individual needs of the families. This is not true with present operating policies.

Parent aides rate the quality of training provided by their respective agencies as being good to excellent with at least three out of four aides in Grand Rapids and Oakland requesting more training. Genesee County aides do not report wanting more training but do have more frequent agency contacts than aides in the other programs.

In terms of the amount of support parent aides perceive they get from their respective agencies, Grand Rapids aides unanimously

rate it as excellent. Eighty-eight percent of the Genesee aides rate the support received as good to excellent and 71 percent of the Oakland County aides rate it as good to excellent. On the other hand 100 percent of the Genesee County aides rate the support from the Protective Services workers as good to excellent while only 44 percent of the Grand Rapids and 71 percent of the Oakland County aides do so.

Are there differences in philosophy and administrative structure in the three programs?

A very basic difference emerged between an educative versus therapeutic approach to parent aide functions. Within the therapeutic approach, which emphasized open communication and psychological support, there were even differences in how physical versus how interactional was the support given. All three groups of aides perceived their primary roles similarly but the training and support they received was different and did influence how they interacted with their families. These differences in philosophy very clearly influenced how the programs were structured and managed.

Are there differences in family behavior attributable to differences in program focus?

It is difficult to assume associations but at least in the case of the Oakland County program clear differences in child development activities, health and nutrition, and household maintenance skills were evident consistent with the emphasis of that program's educational approach. In all programs families decreased their isolation, changed to informal support systems and improved their parenting behaviors.

Family interactions improved in the two therapeutic programs which was not the case in the education-based program.

Discussion

The results of this twelve month study of the impact of parent aides in working with neglected families appear to demonstrate that a definite impact is made in terms of improved family functioning and social relationships. Several measures of social isolation indicate dramatic changes in all three programs, improving the social outreach of these families and reducing their isolation. A more gradual, but definite improvement, is also indicated for parental functioning within the childhood level of living instrument. Although the changes are not substantive, a five to six percent improvement in overall parenting behavior with even greater improvement in child development activities can be discerned. Although this may not be considered a significant change, it definitely can be seen in terms of a long range trend. The aspects of self concept as measured by a self concept scale do not appear to be affected. However, this measure and dimension is probably a more stable construct and would take a much longer period of time of observation and intervention to demonstrate improvement. Based on perceptions of case managers, self image did improve for these family members.

There appears to be more similarity than difference within the three specific programs described. It is the view of the researchers that all three unique programs are strong and exemplify excellent quality and ability to impact on the problem of child abuse and

neglect. Some differences, however, do appear. The educative approach of the Oakland County Cooperative Extension Program can be seen in that related area of growth within the CLL. The areas of household maintenance, nutrition and other daily living functions which are stressed within the training and supportive service of that agency, do appear to effect a greater improvement in that area with their families.

The firm commitment of the Grand Rapids Child Guidance Clinic to a professional diagnostic and therapeutic climate for the parent aide program appears to influence constructive changes within the child development area. It also probably contributes to the high degree of stability of the parent aide-family constellations with fewer disruptions of the relationship.

The Genesee County Department of Social Services volunteer services program's emphasis in terms of self awareness training and a significant emphasis on parent aide support appear to show up in terms of the families' progress in the area of family interaction and potentially lower "burn out." It should also be noted that the Genesee County Department of Social Services parent aide group at this point includes one-third of the population which had been former clients, and in the past, one-half former clients. This, in and of itself, provides a therapeutic program, not only for current families but as a follow up for former families. It creates a positive cycle as opposed to a negative one. The Genesee County Department of Social Services population is the one in the greatest

risk of the three sites. Consequently, this program has more fluctuation, but it too demonstrates very disturbed families can progress.

Perhaps one of the most illuminating aspects of the study was the degree of turnover of Protective Services case managers within each site. From the inception of the program there was a 100 percent turnover of service workers and supervision in the Kent County Department of Social Services; a 66 percent turnover within Oakland County Department of Social Services due to a change in locations of workers; and a 50 percent change within the Genesee County Department of Social Services Protective Services case managers and supervision. It was found that in most cases when there was a change in Protective Services, the families were frequently not seen for prolonged periods of time. It was also found, in interviews with protective services case managers, that amounts of time spent by the workers with the families significantly changed upon the assignment of a parent aide. It would appear that in a majority of cases, at all sites in which a parent aide was assigned to a family, they indeed carried the primary responsibility and task of a change, and/or therapeutic agent with a family. In none of the sites was this a primary goal of the program. All programs considered the parent aide as a support service to the Protective Services case managers. Therefore, progress of the families based on the almost exclusive efforts of a one-person volunteer should be viewed as even more

critically significant. Although this does not seem to be the Department of Social Services policy, the reality of frequent Protective Services family turnover should be recognized. If, indeed, the parent aide is to assume the majority of responsibility, it would appear that much more emphasis needs to be placed upon training and support of parent aides and their sponsoring agencies.

Finally, although progress of families based on different time periods of involvement with a parent aide was a focus of this study, no conclusions can be reached. Different patterns of change emerged perhaps reflective of different delivery approaches. These results, however, need to be interpreted with caution as time distinct measures were not possible to procure and great variability within these small samples are evident. Timing is an important issue, however, that needs further professional reflections. All concerned, families, parent aides, program administrators and even Protective Services case managers, recognize the need for flexibility in maintaining the family-parent aide relationship. How these ideals can be translated into fiscal reality need immediate attention and creative problem solving.

Chapter V: LIMITATIONS AND RECOMMENDATIONS FOR FURTHER STUDY

This study was designed and undertaken with caution and even reservations as sensitive issues and people would be the objects of study. It was predicted that difficulties may arise concerning the cooperation of families, the feasibility of repeated measurements and the validity of measures derived through interview or "test-type" formats. However, in spite of these potential problems it was decided that an exploratory study was merited to at least clarify the problems with measurement and perhaps illuminate potential areas for further study.

Limitations

Several events and conditions surrounding the implementation of this study need to be discussed and related to the interpretation of the results. Some of the more disruptive events that occurred during the study that jeopardize the validity of some measures are presented below.

1. Numerous changes occurred in Protective Services case workers assigned to study families. These changes were unavoidable as Department of Social Services supervisors were most supportive of the study and went out of their way to preserve continuity. These changes, however, cause the one measure dependent on the case worker's knowledge, the Client Movement Measurement Manual, to

be of questionnable worth. This was the only instrument in the battery that required the existence of a knowledgeable individual to rate generalized levels of functioning. All the other measures were derived from direct observation or self report during an interview setting. Although data from this instrument are presented in the report, these results may be useful only as they are collaborated by other results.

These changes in case managers may have also affected the quality of the family-parent aide relationship although no evidence is present. At times the parent aide was the only stable person in the family's circle of contacts and the only observable continuity within the intervention setting. These conditions may have helped strengthen the family's tie to the parent aide as a result, or caused strain due to the awesome responsibility such a situation presents to the parent aide.

2. Maintaining a timeline was also difficult. Start up took more time than anticipated as some Department of Social Services directives needed to be clarified at one site to facilitate the study. In general, Protective Services cases are closed after six months. In cases where the parent aide program is dependent on Protective Services funding this means that the parent aide must stop working with a family when that family is out of

immediate danger and dropped from the Protective Services rolls. As the study called for up to 12 months of parent aide involvement with each family, exceptions needed to be made in Department of Social Services policies. These difficulties were overcome but delayed start up.

Start up was also delayed at one other site because of the low volume of referrals to the parent aide program by Protective Services case workers. The time of the year may have influenced this (summer) or the fact that numerous alternative treatment options are available in this community. The resulting sample from this site was less stressful than the samples from other sites. These problems in securing a sample within a few months may have produced a slightly less representative group of families for study at this one site.

Getting the initial interviews completed quickly to document true baseline behavior was also a problem. Although it was not difficult to attract and train qualified interviewers, their ability to maintain a fairly rigorous schedule was hampered by other personal commitments, difficulties in arranging convenient meeting times and delay in receiving permission to go ahead. Thus the baseline data were often secured one to two months after the parent aide began working with the family. Subsequent phases were also affected reducing the amount of time

between data collection periods since the project had to terminate at a preset date.

These data, therefore, do not represent clearly defined six month time periods as was the intent of the design. The time dimension of this study should, therefore, be considered in very flexible terms. No conclusions can be reached based on length of involvement with a parent aide. A trend of different effects associated with specific programs needs further study and clarification.

3. A third, and final, set of conditions that place limitations on the interpretation of these results concerns the measures themselves. Although in all cases existing instruments were chosen for use or adaptation, not all of the instruments had established validity and reliability. Many were being developed themselves. The adaptations made to facilitate the data collection techniques of this study also jeopardized some assumptions of validity and reliability when they did exist. Therefore these measures need to be considered at face value. The fact that changes in measures were observable may help substantiate their ability to detect changing conditions, but the amount of error associated with these changes is unknown.

No statistical processes were applied to these data as it was felt that not only were insufficient cases available but that the assumptions of the statistical

tests may not have been satisfied. Nonparametric tests could have been implemented and some of these techniques may be applied in the future. Keeping with the exploratory nature of the study, these results are not confirmatory but rather suggestive. For the present these data need to be viewed as estimates and changes or differences viewed as potential trends.

Some similarity of results suggest that the findings can have utility value but these findings alone should not be used to guide administrative decisions.

Recommendations for Further Study

It can be proposed that the complexity of interactions and influences possible in any complex system such as this family-parent aide pairing will always present problems for research. The delays, lack of continuity and problems with measurement presented in this study are not uncommon nor likely to improve substantially for future research. Some simplification of instrumentation is possible and necessary and attempts to establish the reliability or stability of measures given this population is imperative. Such improvements may aid in creating a less cumbersome process thus allowing more routine administration of data collection tools. Routine collection of data will help document progress and conditions associated with progress more reliably than one-shot studies. Such longitudinal or organizational commitments may need extra funding and support in order to facilitate

but have advantages for addressing the major issues underlying the use of parent aides with high risk families.

The results of this study suggest that positive things are happening for families and parent aides as a result of this type of supportive service. Documenting longer term impacts on people and communities is necessary. What are the probabilities of reduced need for public services? Are there cost savings in using volunteers versus professionals or are volunteers only supplemental? Are communities with parent aide programs more supportive to families in other ways? Can different intensities of involvement produce different effects? Does the presence of the parent aide as a model affect the quality of the parent-child relationship and the child's development? These and other questions need further study.

Chapter VI: PROGRAM RECOMMENDATIONS

1. It is recommended that the excellent work that the parent aides are doing with families be recognized on a statewide basis by the Michigan Department of Social Services, perhaps through sponsorship of a statewide conference for parent aides. It is felt that great benefit could accrue from such a meeting. In all three sites of the research study, parent aides were eager to know of their counterparts in other areas. The sharing of experiences could not only reinforce existing programs, but perhaps also serve to strengthen and streamline training and management processes for improved efficiency. The formation of a statewide organization of parent aides or a statewide newsletter might also be beneficial as an appendage to other appropriate child abuse and neglect organizations.
2. It is recommended that some effort, perhaps a task force, be developed to establish a uniform funding source and method to provide flexibility in funding and programming in the parent aide program. Both the Michigan Department of Mental Health and the Michigan Department of Public Health have expressed interest in funding or developing parent aide programs for their appropriate clientele. It would perhaps be highly effective to establish an intergovernmental task force as well as multiagency

funding in order to form a variety of programs based on family needs, as opposed to family classification.

3. It is recommended that expanded recordkeeping and more routine, longitudinal follow-up be conducted for a period of at least two years with a pilot group in order to ascertain whether the trends of improvement observed during this study hold true over a longer period of time, with or without continued involvement of parent aides. It is of great concern to this research team that in many instances, cases are closed following a six month period during which the family is a Protective Services case. Most of the cases involved within this study indicated future needs and intervention. However, in one site, Oakland County Department of Social Services, all cases involved in the study were closed.
4. All social intervention programs operate with explicit or implicit value positions. The parent aide programs reviewed in this study exemplify a commonality of values centered around strengthening the family and the supportiveness of the communities to assist families to cope and grow and the importance of satisfying basic human needs for belonging, acceptance and esteem. Parent aide programs are founded on humanistic developmental principles, where interdependence, not dependence, and positive regard, not a deficits model, are operationalized. They strive to create a foundation of strength within families. Such

goals are not achieved over night, in six months, or in any arbitrary time frame. Nor are all families able to equally benefit from the contributions of such a program. Thus, if such social intervention programs are to be successful and widely available, they need to be flexible and offer diversity within service options. Such is presently not the case due to fiscal and policy constraints on the organizational sponsors. It is recommended that flexibility of type of family served, focusing on the need rather than funding eligibility, be a major component of parent aide programs.

5. It is recommended that greater flexibility of time limitations be established to allow for the needs of the families served to be met on a more realistic basis.
6. The delivery system of using volunteers rather than professionals is cost effective. Trying to reduce costs even further by restraining the training and organizational support base of sponsoring organizations may undermine the programs. A balance is needed so that the "volunteer" element is not diminished by excessive administrative involvements but also that the volunteer is complimented by firm and continuous support. Funding sources and allocation systems need review.

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